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| **Volunteer role applied for:** | | | | |
| **Your Personal Details** | | | | |
| Title: (eg: Mr/Mrs/Miss/Ms) | First Name: | | Surname |
| Address: | |  | | |
|  | | Home Tel No: | | |
|  | | Mobile No: | | |
| Post Code: | | Email Address: | | |
| How long have you lived at this address? | |  | | |
| Please provide emergency contact details  (i.e. someone we should contact if you are taken ill / do not arrive, etc). | | Name  Contact number | | |
| **Your safety:**  As an organisation, we want to ensure your safety and comfort whilst volunteering. Please let us know of any medical conditions, allergies or special needs we should know about in order to support you. | | | | |
| **Do you have a current clean driving licence?**  **Yes No**  *Please note that if you are applying for a post which includes driving either The Elizabeth Foundation minibus or your own vehicle we will need sight of your driving license to ensure that you are not prohibited from driving. If using your own vehicle on a voluntary basis please inform your insurer - we may also ask to have sight of your insurance document.* | | **Do you own a vehicle?**  **Yes No** | | |

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| **References**  Please provide contact details for two referees known to you professionally or personally, who have agreed that we may contact them for a reference (this should not include a family member). | |
| Name: | Name: |
| Capacity in which they know you: | Capacity in which they know you: |
| Address: | Address: |
|  |  |
|  |  |
| Tel No: | Tel No: |
| Email: | Email: |
| **Your availability:**  Please let us know when you are available to volunteer – we appreciate that this may change from time to time and we will aim to be as flexible as possible in our request for support.  **I am available:**  Mornings (Mon-Fri)  Afternoons (Mon-Fri)  Evenings (Mon-Fri)  Weekends if required for specific events | |
| **Skills and Experience**  Please provide a summary of the skills and experience you have and which you consider are important for the volunteer role for which you are applying.  Please continue on separate sheet if necessary. | |
| **How did you hear about a volunteer position at The Elizabeth Foundation?**  If you are related to a beneficiary (past or present), employee or volunteer at The Elizabeth Foundation, please provide their name and relationship to you: | | |
| **Criminal Convictions/DBS Checks**  Owing to the vulnerability of children and adults receiving support from The Elizabeth Foundation, employee and Volunteer roles are exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act. Details of any criminal convictions you may have should therefore be stated below. Failure to disclose this information will result in action being taken. Please note that all volunteers engaged by The Elizabeth Foundation are subject to a DBS check. | | |

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| The information provided on this form will be entered on to a computer and will be held in a secure and confidential manner under the terms and conditions of the DATA PROTECTION ACT. |
| Declaration  I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.  I hereby give my consent to The Elizabeth Foundation to securely process the data supplied on this application form for the purpose of recruitment and selection. I accept that if my application is successful, this application form will form part of my Personnel file and, in that case, I consent to the data on it being processed for all purposes in connection with my voluntary role.  Signed: ………………………………………………….  Date: ……………………………………………………  When you have completed this form, please email it to [fundraising@elizabeth-foundation.org](mailto:fundraising@elizabeth-foundation.org) |