



## **Volunteer Application Form**

Please complete this form and return it to Heide Stone –  
email: [volunteer@peacefulplace.co.uk](mailto:volunteer@peacefulplace.co.uk)

or

post: Peaceful Place, 261 Timberlog Lane, Basildon, Essex SS14 1PA

**Volunteer Role Applied for:** \_\_\_\_\_

<b>SURNAME:</b>	_____
<b>FORENAMES:</b>	_____
<b>ADDRESS:</b>	_____ _____
	<b>Postcode:</b> _____ <b>Date of Birth:</b> _____
<b>TELEPHONE No:</b>	<b>Home:</b> _____ <b>Work:</b> _____
	<b>Mobile:</b> _____
<b>EMAIL ADDRESS:</b>	_____

**How did you hear about this volunteering vacancy? (please tick relevant box)**

Internet Website  Local Volunteer Bureau  Family or Friend

Staff Member  Other (please specify) \_\_\_\_\_

**What made you choose Peaceful Place to give your time as a volunteer?**

  
  
  
  
  
  
  
  
  
  

**If you have previously undertaken any voluntary work, please tell us about this -**

Please give details of any skills, training or qualification you have gained which you feel would be of benefit to this role (this might include life skills or employment) -

Are you a car driver with access to a vehicle?

YES

NO

Peaceful Place is an equal opportunities employer and strives to recruit and retain people with a disability. Do you consider yourself to have a special educational need or disability?

YES

NO

If you answered yes, please specify what kind of support you might need for your interview or volunteer role -

Health conditions you would like your co-ordinator to be aware of:

Which day(s) of the week and times are you able to commit to regularly? Please tick all the boxes that apply -

	AM	PM	ALL DAY	SPECIFIC TIME
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

## References

Where possible, at least one referee should be your current/most recent employer, tutor or a professional person. Please state the capacity in which they know you. Family members are not acceptable. Referees will only be contacted after interview and **please ensure they know you have given their details to us for this purpose.**

### REFEREE ONE

Name	_____
Job Title	_____
Address	_____
	_____ Postcode _____
Tel No.	_____ Mobile No. _____
Email	_____
Relationship to you	_____

### REFEREE TWO

Name	_____
Job Title	_____
Address	_____
	_____ Postcode _____
Tel No.	_____ Mobile No. _____
Email	_____
Relationship to you	_____



## Criminal Offences Declaration

Please give details of any spent or unspent criminal offences (if any) and sign the declaration.

I declare that, at the date of signing this declaration, I have not been convicted of any criminal offences other than stated above.

Signed \_\_\_\_\_

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

## Disqualification from work with Children or Vulnerable Adults Declaration

I declare that, at the date of signing this declaration I have not been disqualified from working with children or vulnerable adults, or subject to sanctions imposed by a regulatory or professional body e.g., Ofsted, The General Care Council (GSCC) or General Medical Council (GMC).

Signed \_\_\_\_\_

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

## Declaration

Providing false information is an offence and could result in your application being rejected or summary dismissal if you are selected, and possible referral to the Police or ISA.

I declare the information given in this application form is correct to the best of my knowledge.

Signed \_\_\_\_\_

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

## **Equality Monitoring Form**

(please circle your answers)

Any information given on this form will be treated as anonymous. The information requested on this monitoring form is used to scrutinise the effectiveness of our Equality and Diversity Policy and Practices.

**What is your gender?**      Male              Female              Other              Prefer not to say

**Do you have any form of disability?**      Yes              No              Prefer not to say

**If yes, please state your disability** \_\_\_\_\_

**What is your sexual orientation?**

    Bisexual      Heterosexual      Lesbian Woman      Gay Man      Prefer not to say

**Do you consider yourself to have a religion?**

    Buddhism      Christianity      Hinduism      Islam      Judaism      Sikhism

    Atheism      No Religion      Prefer not to say

**What is your ethnic background?**

**White**

English/Welsh/Scottish/Northern Irish/British/Irish/Gypsy or Irish Traveller

Any other White background (please state) \_\_\_\_\_

**Mixed/Multiple Ethnic Groups**

White & Black Caribbean      White & Black African      White & Asian

Any other mixed/multiple ethnic background (please state) \_\_\_\_\_

**Asian/Asian British**

Indian      Pakistani      Bangladeshi      Chinese

Any other Asian background (please state) \_\_\_\_\_

**Black/African/Caribbean/Black British**

African      Caribbean

Any other Black/African/Caribbean (please state) \_\_\_\_\_

**Other Ethnic Group**

Arab/Any other ethnic group (please state) \_\_\_\_\_



## Volunteer Emergency Contacts Form

(this information is strictly confidential and is to be completed before commencement of volunteering)

### EMERGENCY CONTACT 1 DETAILS – please print

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_

### EMERGENCY CONTACT 2 DETAILS – please print

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_

### FOR CO-ORDINATOR USE ONLY

VOLUNTEER ADDED TO DATABASE \_\_\_\_\_ START DATE \_\_\_\_\_  
CO-ORDINATOR SIGNATURE \_\_\_\_\_