

VOLUNTEER APPLICATION FORM

CONFIDENTIAL

Home-Start Stroud District

Home-Start Stroud District is committed to safe recruitment practice as an important part of safeguarding and protecting children and vulnerable adults

Title:	Full Name:	
Any Previous Name(s)		
Current Address including postcode:		
Month and Year moved into current address:		
If you have been at this address less than five years, please give previous address(es) with dates of moving: (Use separate sheet if necessary)		
Home telephone no:	Mobile no.	
Email:	Work telephone no:	
Date of birth:	How did you hear about Home-Start?	
Place of birth:		
National Insurance Number:		
Dietary / special requirements:		
REFERENCES: Please give the name and address of two referees (not a relative) that you have known for a minimum of 2 years, who may be contacted by Home-Start. Please ask permission prior to submitting referees and confirm full address		
Referee 1		Referee 2
Title: Name:	Title: Name:	
Address:	Address:	
Postcode: Email:	Postcode: Email:	

Office Use Only: Ref 1 sent:

Ref 1 Rec

: Ref 2 sent

Ref 2 Rec

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Do you speak any additional languages (including sign language)			
What is the maximum time you could offer to Home-Start as a volunteer on a regular weekly basis? (suggested 2 to 3 hours per week)			
Would you like any assistance with your numeracy and / or literacy skills during your training? Yes / No			
What type of transport will you use?		If car - do you have a current clean driving licence?	Yes./No
Please give information about your own parenting experience. e.g. are you a parent/ step parent/ foster carer? (Please give ages of children)			
What do/did you find enjoyable about parenting?			
What do/did you find challenging?			

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Please give details of any voluntary/paid work you have done, particularly with children and families

Have you any commitments which could affect your work with Home-Start e.g. part-time work?

What are your hobbies and leisure interests

What skills or personal experiences do you have which may be relevant to your work as a volunteer for Home-Start? (e.g. budgeting, cooking, DIY etc)

Is there any other information you would like to add?

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As volunteers are in a privileged position visiting families in their own homes and have contact with young children, Home-Start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

Previous convictions do not necessarily preclude you from becoming a volunteer. The age and nature of an offence will be taken into account as part of the assessment of your application. It will be the responsibility of the trustees to determine if convictions are relevant to the work of Home-Start Stroud District.

Full Name:	
Have you had any personal contact with Social Services/Social Work Department or NSPCC in connection with children in your care?	Yes / No
Do you consider yourself to have a disability or health condition? If so what adjustments could Home-Start provide to enable you to volunteer? Please provide details below.	Yes / No
Have you ever been dismissed from any paid or voluntary work?	Yes / No
Have you ever been convicted of any criminal offence? ('Spent' convictions to be included.)	Yes / No
Are there any matters outstanding which may lead to a criminal prosecution?	Yes / No
If you answered yes to any of the above questions please give details below or on a separate sheet in a sealed envelope if preferred.	

I give permission for the Senior Coordinator of Home-Start Stroud District to carry out a DBS Criminal Record check at enhanced level. (These checks will be repeated every 3 years).

I give permission for my personal details to be held on file at the office. I understand that this information remains confidential to Home-Start Stroud District and will be used for monitoring purposes. This information will not be passed on to any third party except Home-Start UK for Quality Assurance purposes.

I know of no reason why I would be unsuitable to be a Home-Start volunteer.

Signed: _____

Date: _____