

Application Form for Child Contact Centre Volunteers LOWER EARLEY FAMILY CONTACT CENTRE

Please return the completed volunteer application form to: Dianne Berry

of Lower Earley Family Contact Centre											
(address)	c/o Salvation Army, Chalfont Clos	se, Lower Earley, Reading. RG6 5HZ									
		(postcode) RG6 5HZ									
Tel:	07932 014766										
STRICTLY CO	NFIDENTIAL										
Surname:		mes(s):									
Postcode:											
Phone number		Work									
When would	you be available to start volunteering	at our Centre?									
Please provid	le the names and addresses of two re	ferees. They should not be directly related to									
you and shou	uld be over 18 years of age. You shou	ld have known them reasonably well for at least									
-	•	ees should be somebody who knows you									
professionall	у.	T									
1. Name:		2. Name:									
Address:		Address:									
Phone number	er:	Phone number:									
Their relation	nship to you:	Their relationship to you:									
	•	check will be undertaken before you begin									
volunteering	at our Child Contact Centre.										
Signed:		Date:									
Health		Date:									
	Health & Safety, it is important that y	ve know if there are any aspects of volunteering									
		vith. A disability or health problem does not									
necessarily e	xclude you from volunteering at the 0	Centre. All information given will be treated with									
the strictest confidence.											
Are you regis	stered disabled? Yes No										
If ves. what is	s the nature of your disability?										
. ,,											

Do you suffer from any allergies?		
Are there any other health matters that we	e should be aware of?	

It is important that you inform us if you should suffer from any illness in the future that may affect your ability to volunteer for the organisation or that would put others at risk.

Criminal Records Checks

As volunteering in our Child Contact Centre involves working with children, all volunteers have to be checked with the Criminal Records Bureau (CRB). You will be asked to complete a 'Disclosure Application Form', and provide evidence of identity, before it is sent off to the National Association of Child Contact Centres who are registered with the CRB to apply for the checks on our behalf. A prior criminal conviction may not prevent you from volunteering at our Centre, but failure to disclose relevant convictions in full will result in immediate suspension pending investigation.

The following questions are optional – but it would really help us to know a bit about you.

Employment Status (please tick)						
Not currently seeking employment	Retired from employment					
Unemployed but seeking employment	In full time employment					
In secondary / higher education	In part time employment					
Involved in training scheme	Duke of Edinburgh					
Self employed	New deal					
Prince's Trust	School / college placement					
Other						

Administration	First Aid	Training	Clerical
Caring for others	Fundraising	Public Relations	Finance
Catering	Health & Safety	Secretarial	Information Technology
Organisational	Working with children	Legal	

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Are there any skills you wish to develop / learn?										
Have you any relevant qualifications or training?										
What special interests / hobbies do you have?										
Please give details of any other voluntary organisation for whom you have volunteered, with details of your experience and the dates involved:										
Voluntary organisation Date from To Position and responsibilities										

How did you hear about volunteering at a Child Contact Centre?