

Thank you for your interest. Please complete this form so that we can learn more about you and how we can work together to promote health, happiness and helpfulness. This information is to help us match you with opportunities that you'd like to do. If there are questions you cannot answer today, do not worry.

Our Volunteer Co-ordinator will contact you on receipt of your form to arrange an informal discussion.


CONFIDENTIAL

Please complete the application form in **BLOCK CAPITALS**

Section 1 - Your Details

Surname		Title	
First name		Date of birth	
Home Address			
Postcode			
Email			
Telephone No		Mobile No	
Preferred method of contact	SMS Text: <input type="checkbox"/>	Mobile: <input type="checkbox"/>	Telephone: <input type="checkbox"/> Email: <input type="checkbox"/>
<p>Health</p> <p>Do you consider yourself disabled? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have any disability or health-related problems which may require adjustments to be made to enable you to carry out voluntary work? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes please give details _____</p>			
<p>Swindon Borough Council is committed to Equal Opportunities. The following will only be used for monitoring purposes:</p>			
<p>Ethnic Origin</p> <p>White British <input type="checkbox"/> Other White <input type="checkbox"/> Mixed/Multiple Ethnic Groups <input type="checkbox"/> Black <input type="checkbox"/></p> <p>Asian <input type="checkbox"/> Asian British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Black British <input type="checkbox"/></p> <p>Any other ethnic group <input type="checkbox"/></p>			
<p>What is your main Language?</p>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>

Section 2 - Volunteer Information							
We want your volunteer experience to be great. To help us match you with the right activities, in the right places at the right times, tell us a little about you and what you'd like to do							
What skills, interests or hobbies would you like to share?							
Are there any activities you'd particularly like to do?							
Do any of these appeal to you as a volunteer? - tick any that apply to you							
Helping out in my street	<input type="checkbox"/>	Looking after local spaces	<input type="checkbox"/>	Helping the local library service	<input type="checkbox"/>	Office or admin skills	<input type="checkbox"/>
Play and recreation projects	<input type="checkbox"/>	Improving community safety	<input type="checkbox"/>	Helping local groups	<input type="checkbox"/>	Supporting healthy lifestyles	<input type="checkbox"/>
Helping others with IT or using the Web	<input type="checkbox"/>	Helping someone get out and about	<input type="checkbox"/>	Dance or fitness	<input type="checkbox"/>	Cooking or helping with food	<input type="checkbox"/>
Helping older people	<input type="checkbox"/>	Helping adults with learning disabilities	<input type="checkbox"/>	Helping carers	<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>
How much time can you give to being a volunteer, Are there any Day(s) and Time(s) you can commit to us? Even a little means a lot.							
Regularly, at an agreed time/day Detail:				Occasionally Detail:			
What else would you like us to know?							

3. Declaration			
<ul style="list-style-type: none"> All the information I have given on this form is correct to the best of my knowledge. I understand that if accepted as a volunteer I may be aware of people's personal information and understand that I MUST NOT DISCLOSE or DISCUSS such information except with my named contact in the Localities team. I understand that prior to commencing some types of voluntary work; a check with the Disclosure and Barring Service may have to be made, with my permission. 			
Your Signature		Date	
Data Protection  Swindon Borough Council Localities Team for the purpose of the administration and evaluation of volunteers will hold the information you have supplied. The team will retain your personal contact details for the duration of interest in volunteering. Information regarding your volunteer participation will be held on record for insurance purposes. For further information, contact the Data Protection Officer at Swindon Borough Council, Civic Offices, Euclid Street, Swindon SN1 2JH.			
I agree to the use of this data for the above purposes			
Your Signature		Date	

Section 3 - References

Please give the names and FULL addresses of **TWO** referees who have known you for at least a year. They should not be directly related to you as a member of your family and ideally, they should be people in positions of responsibility. We will write to them to say that you are thinking about volunteering with us and will ask them some questions about how well they know you and your suitability as a volunteer.

Referee 1

Surname		Title	
First name		Relationship to you	
Home Address & Postcode			
Telephone No & Email Address			

Referree 2

Surname		Title	
First name		Relationship to you	
Home Address & Postcode			
Telephone No & Email Address			

Have you ever been convicted of a criminal offence? YES/NO

Because this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, you must reveal any conviction, which you have received, even those which might otherwise be considered 'spent'.

Do you have any spent or unspent convictions to disclose? YES/NO

If yes, state conviction title and date _____

Signature		Date	
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Please return your completed form back to: Volunteer Coordinator, Swindon Circles, Localities Team, Civic Offices, Euclid Street, Swindon, SN1 2JH. E-mail: swindoncircles@swindon.gov.uk

