



Volunteer Application Form

We ask all prospective volunteers to complete this form. The information will be kept confidential by the Child Contact Centre unless requested by an appropriate authority.

Please contact the Centre Coordinator to arrange an appointment to return completed forms, and to discuss your application:

Please state which Centre you would like to apply for

STRICTLY CONFIDENTIAL

Surname-	Forename-	Email-
Address-		
	Postcode	D.O.B-
Phone number	Home	
Mobile		

Please provide the names and addresses of two referees. They should not be directly related to you and should be over 18 years of age. You should have known them reasonably well for at least two years on a personal level and where possible, one of the referees should be somebody who knows you professionally.

1. Name:	2. Name:
Address:	Address:
Phone Number:	Phone Number:
Email:	Email:
Their relationship to you:	Their relationship to you:

Please give details of any other voluntary organisation you have volunteered with:

Voluntary Organisation	Date From	To	Position & responsibilities

Have you any relevant qualifications or training?

What special interests/hobbies do you have?

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

Why do you wish to volunteer at the Child Contact Centre?

Are you prepared to undertake induction & ongoing training? Yes No

Health

In relation to **Health & Safety**, it is important that we know if there are any aspects of volunteering at our Centre that you may not be able to manage. An impairment or health problem does not necessarily include you from volunteering at the Centre. All information given will be treated with strictest confidence.

Are you registered disabled? YES NO

If yes, what is the nature of your impairment?.....

Do you suffer, or have you suffered, any illness which may directly affect your work with children or young people? YES NO

If yes, please give further information:.....

Are there any health matters we should be aware of?

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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 organization or that would put others at risk.

GP Name and Address	
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REHABILITATION OF OFFENDERS NI ORDER 1978

Because the voluntary work for which you are applying involves working with children we are obliged to ask you, in connection with your application, to disclose any convictions you may have. Under the conditions of the above order, you are not entitled to withhold information about convictions which otherwise might be considered spent. 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.

Please give below details of any convictions you may have. This information will be treated as strictly confidential, but you should be aware that any offer of voluntary work made will be subject to a satisfactory Criminal Records Bureau check.

Have you been found guilty of any offence, other than minor traffic Violations? *If yes, please give details including dates and court where convicted.*

YES

NO

Are you subject to any current or outstanding disciplinary procedures or legal action?

If yes, please give details.

YES

NO

I am happy to complete a Disclosure Application Form to enable an Enhanced Criminal Records Bureau Disclosure to be undertaken.

Signed..... Date.....

I declare that all the foregoing statements are true and completed to the best of my knowledge and belief.

Signature..... Date.....

***Please feel free to add any further information which you feel may be relevant to your application**

Volunteer Equal Opportunities Monitoring Form

NI Network Child Contact Centres has an equal opportunities and diversity policy. In order, to check the working of this policy the Centres record the information given below for statistical analysis and policy consideration only. This form will be detached from the application form as soon as the envelope is opened and filed separately. Completion of this form is not compulsory.

We would be grateful if you could complete the details listed below by highlighting or ticking those that apply to you. If you feel unable to answer any part of this form, please leave blank.

1. I am ☐ **Male** ☐ **Female** ☐ **other**

2. Ethnicity

Please tick the appropriate box to indicate you ethnic origin and specify your nationality:

White ☐ Irish Traveller ☐ Chinese ☐

Indian ☐ Bangladeshi ☐ Pakistani ☐

Black- African ☐ Black-Caribbean ☐ Mixed ethnic group ☐

Any other ethnic group (please describe)

Nationality (please describe)

3. Religious affiliation

Regardless of whether we practise religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below.

I am a member of the Roman Catholic community ☐

I am a member of the Protestant community ☐

I am a member of neither the Protestant or Roman Catholic community ☐

Other ☐

4. My age is:

☐ 21 or under ☐ 51-60

☐ 22-30 ☐ 61-64

☐ 31-40 ☐ 65 or over

☐ 41-50

5. Do you have a disability? (please circle) YES NO

Are there any special needs arising out of this disability which we can help you with? If so, please specify.