



# Volunteer Application Form

Strictly Confidential

## Personal Details

Name:	Address:
Date of Birth:	
Marital Status:	Telephone Numbers: Day- Evening- Mobile-
Children and their ages:	Email:

Why would you like to volunteer for Friends of the Family?

Have you any hobbies, skills or personal experiences which may be relevant to volunteering with Friends of the Family?

What experiences have you had with other families and their children?

Please give details of any work experience (paid and voluntary) and any relevant courses or qualifications that you may have which might be helpful to your voluntary work with Friends of the Family? (please note that previous experience is NOT an essential requirement)

Please continue on a separate sheet if necessary

**Travel**

Please note that all travel expenses related to your voluntary work will be reimbursed

What type of transport do you use?

If you use a car, do you have a current clean driving licence? Yes / No

Are you willing to use your car in your voluntary work? Yes / No

If yes, do you have comprehensive insurance and a MOT certificate? Yes / No

**Please indicate the times you may be available to volunteer for Friends of the Family.**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

## References

Please give the names, addresses and telephone numbers of two referees that can be contacted by Friends of the Family e.g. ex employer or a friend but not a family member. Please note that your chosen referees need to have known you for a minimum of two years.

<b>Referee 1</b>	<b>Referee 2</b>
Name:	Name:
Address:	Address:
Tel no:	Tel no:
Relationship to you:	Relationship to you:

How did you find out about Friends of the Family?
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I certify that information given in this application is accurate to the best of my knowledge

Signed:

Date:

Thank you for taking the time to complete this application form.  
Please return it to:

Friends of the Family,  
16 Colebrook Street,  
Winchester,  
Hampshire, SO23 9LH

As a volunteer for Friends of the Family you will be working with vulnerable families and have contact with their young children. Friends of the Family, therefore, has a responsibility to ensure that this privileged position of trust is not misused so it is essential that you answer the following questions and sign the declaration. All information disclosed will be in the strictest confidence and may not necessarily impede your application. You may wish to put this information in a separate envelope.

### Health Information

Are you in good health?	Yes / No
If not please state the nature of your illness.	
Are you taking any prescribed medication?	Yes / No
If so please list the medication and the reason it has been prescribed.	
Do you have any medical condition (physical or mental) that could affect your work as a volunteer?	Yes / No
If so please explain.	

### Declaration regarding contact with children

<p>I hereby declare that I have not:</p> <ul style="list-style-type: none"><li>a) had a child removed from my care or been disqualified from keeping children</li><li>b) been subject to an order or been convicted of an offence concerning a child</li><li>c) had a child put into care with parental rights and powers invested in a Local Authority</li><li>d) been refused registration as a childminder, day nursery or play group or had such a registration cancelled</li><li>e) had an application to become a foster parent or adopter refused or cancelled</li></ul>
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I certify that the above statements are true.

Signed:

Date:

**Please note that all volunteers will also be subject to an enhanced Criminal Records Bureau check before undertaking voluntary work with Friends of the Family.**