**Volunteer Application Form**

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| **Your Details** |
| Name: |  |
|  |  |
| Home Address: |  |
|  |
|  |  |
| Postcode: |  |  |  |
|  |  |
| Telephone: |  |  | Mobile: |  |
|  |  |
| Email: |  |
|  |  |
| What do you prefer to be known as (Pronouns): | [ ]  She/Her/Hers  | [ ] He/Him/His | [ ]  They/Them/Theirs  |
|  | [ ]  Prefer not to say |  |  |
|  | Prefer to self-describe:  |  |
|  |
| Date of Birth: |  |  |  |  |  |  |  |  |  |
|  | Your text here |  |
| Are you interested in a particular volunteer role? |
| [ ]  Learning Disability Citizen Advocate [ ]  Autism Mentor[ ]  Autism Hub Supporter[ ]  Community Advocate[ ]  Advonet Trustee[ ]  LGBT Project Steering Group Member[ ]  Asking You! Volunteer | ☐ Meeting Support Volunteer[ ]  LEEP1 Volunteer Activities Supporter[ ]  Cafe LEEP Volunteer Support Assistant[ ]  Advonet Fundraiser & Events Organiser[ ]  Don’t know[ ]  Other – please specify: |
|  |
| Where did you hear about volunteering with Advonet? |
| [ ]  Volunteer Centre Leeds (Voluntary Action Leeds)[ ]  Doing Good Leeds Website[ ]  Volunteer Connect Website[ ]  University/College[ ]  Advonet Website[ ]  Advonet Newsletter | [ ]  Social Media[ ]  Internet Search[ ]  Word of Mouth[ ]  Other Charity or Community Organisation – please specify:[ ]  Other - please specify:  |
| **Your References:** |
| Please name ***two*** people we can contact to provide references. They must ***not*** be a family member or someone you live with, and they must have known you for at least 6 months.  |
|  |
| **Referee 1** |
| Name: |  |
|  |  |
| Job Title: |  |
|  |  |
| Organisation: |  |
|  |  |
| Address:  |  |
|  |
|  |  |
| Email: |  |
|  |  |
| Telephone:  |  |
|  |  |
| Relationship to you: |  |
|  |  |
| **Referee 2** |
| Name: |  |
|  |  |
| Job Title: |  |
|  |  |
| Organisation: |  |
|  |  |
| Address:  |  |
|  |
|  |  |
| Email: |  |
|  |  |
| Telephone:  |  |
|  |  |
| Relationship to you: |  |
|  |  |
| **Please check that the people named above are willing to give references for you.** |
| **Additional Information:** |
| Please tell us **why** you are interested in volunteering for Advonet. What are you looking to gain from volunteering, and what made you decide to look into volunteering with Advonet?  |
|  |
| Please tells us about any **experience** you have, which you believe would be of value in your volunteer role. This could include experience from other volunteering or paid work, or through lived experience.  |
|  |
| Please tells us about any **skills** you have, which you believe would be of value in your volunteer role. |
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| We are interested in your experience more than formal qualifications, but please use the space below to tell us your highest qualification level and any other qualifications or training you think would help the voluntary role. |

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| **Your Availability:** |
| Please show the days and times that you are free to volunteer on the table below e.g. 9am-11am in the Monday morning box.While usual Advonet hours of work are Monday-Friday 9am-5pm, some evening and weekend work may be possible, dependent on the role. |
|  |  |  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
|  |
| Please feel free to let us know anything else about your availability, which is appropriate to your application: |
| **Health Information:** |
| Are there health / disability issues which you feel may impact upon your ability to volunteer with us? Are there any adjustments which you believe we could make to help you in your role? Please let us know if you would prefer to discuss matters in confidence with the appropriate volunteer co-ordinator. |

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| **Criminal Convictions:** |
| Are there any Criminal Cautions or Convictions that you feel we should be aware of and that you would like to discuss in private? |
| [ ]  Yes | [ ]  No |
| As part of your application we are required to carry out an Enhanced DBS (Disclosure and Barring Service) check. This is to protect the interests of the people who use our service. There are some voluntary roles where this may not be required; the Volunteer Coordinator will discuss this with you.Please note that if offences that were not declared in your application form are shown in your DBS check your application will not proceed.  |

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| **Declaration:** |
| I confirm that to the best of my knowledge the information I have provided in this form is a true representation of the facts: |
| Signed: | Date: |

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| Office Use Only: |
| Date received: | Primary Volunteer Coordinator: | Volunteer Role Agreed: |