

Volunteer Application Form

Personal details

Title:	First names:	Surname:
Address:		
Post code:		
Please confirm that you are 16 or over: <input type="checkbox"/>		Gender:

Telephone numbers

Home:	Work:
Mobile:	e-mail address:

Please identify which volunteering role you are interested in:

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Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Evening							

Education and employment

Tick box			
Are you currently?			
Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Student:	<input type="checkbox"/>	Full Time	<input type="checkbox"/>
		Retired	<input type="checkbox"/>
		Part Time	<input type="checkbox"/>

Training and qualifications

Please list any qualifications, training or skills you may have, or are working towards, that you feel may be relevant to the placement, for example: a degree course, photography skills, IT training, art and crafts skills etc:

Other experience

Please use this space to provide information about any relevant experiences, skills or interests that you may have.

Personal Statement

Please tell us why you would like to start volunteering with Flintshire County Council. We would be particularly interested to hear how this role would benefit you.

References

Please give details of two people who have agreed to supply references.

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
_____	_____
Post code: _____	Post code: _____
Telephone Number: _____	Telephone Number: _____
E-mail: _____	E-mail: _____
How do you know this person?	How do you know this person?
_____	_____
_____	_____

CONFIDENTIAL: Personal Disclosure Form

You are advised that under the provision of the rehabilitation of offenders Act of 1974 (exemptions) order 1975 you need not normally disclose details of any *spent* convictions. You must however disclose any unspent convictions. Do you have any unspent i.e. live convictions?

Please circle Yes No

If yes, please give full details of each offence continuing overleaf if necessary.

Do you consider yourself to have a disability? YES NO

If yes, what is the nature of your impairment?

Physical ☐ Hearing ☐ Visual ☐ Mental health ☐ Learning ☐

Other (please state): _____



Data Protection Act 1998

Any personal information supplied by you will be held, stored, used and/or processed as and when necessary by Flintshire County Council for the purposes of carrying out their public function, for equal opportunities monitoring and for the prevention and detection of crime.

Disclosure of your personal data may take place and be given to external parties should they show reasonable cause for disclosure to be made and to the extent that the law allows.

By submitting this form I agree that any information I provide may be used and shared within Flintshire County Council for the above purposes.

By submitting this form I consent to Flintshire County Council undertaking checks as appropriate to the role applied for.

I certify that the information given within this application form is correct and that I have not omitted or misrepresented any details.

Signed:

Date:

We may select volunteers from the applications and invite them for interview to determine suitability for the role. If we receive a large number of applicants we may not be able to take everyone who has applied.

