Bolton Council

Volunteer Application Form

Surname: Dr/Mr/Mrs/Miss/Miss Previous Names (if relevant):	Forename(s):
Previous names:	Date of birth
Address:	E-mail:
Postcode:	Home telephone
Work telephone:	Mobile telephone:

Times available (please tick when available):

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Type of work / duties interested in undertaking:-

Previous paid employment or voluntary work
Please detail chronologically all previous work experience, unpaid & paid, since leaving secondary / further education

From month/year	To month/year	Place of work	Reason for leaving

Education

Schools/College	Qualifications/training	From	To

Explanation of any gaps

Please explain here any gaps in employment / education / training since leaving full time education

Rehabilitation of Offenders Act 1974

Owing to the nature & location of the work, this opportunity is exempt from the provisions of the above Act, therefore, you are not entitled to withhold information which for other purposes are 'spent' under the provisions of the Act. **The Council / School will check information provided under this heading.**
Have you at any time been convicted of any criminal offence? **Yes** ☐ **No** ☐ (including cautions, bind-overs, reprimands, warnings & any pending prosecutions)
Are you disqualified from working with children or vulnerable adults or subject to any sanctions imposed by a regulatory body e.g. GSCC? **Yes** ☐ **No** ☐

In order to comply with our **Valuing Diversity Policy**, please indicate if you have a disability? If YES, please give details in your application	**Yes** ☐ **No** ☐

References

Please give the name and address of two persons from whom references may be obtained, **one of these should be your current or most recent employer**. If not currently working with children, then one reference should be from a previous employer in a child related role, if applicable. **References from friends or relatives will not be accepted.**

(1) Name:		(2) Name:	
Position held:		Position held:	
Employer ☐ Non-Employer ☐ (please tick)		Employer ☐ Non-Employer ☐ (please tick)	
Address: (including Post Code)		Address: (including Post Code)	
Telephone No:		Telephone No:	
E-mail:		E-mail:	
Fax:		Fax:	

Data Protection Act

In accordance with the Act, you should be aware that personal details submitted with this application form, will be used only for selection and interview procedures, and for volunteering records if the application is successful. Your information will be stored securely and only accessible to relevant persons in the course of their duties.

Declaration

I declare that, to the best of my knowledge and belief, all statements contained in this form are correct and I understand that, should I conceal any material fact, I will, if engaged, be liable to the termination of my services.

Signature: **Date:**

Please return form to:

Bolton Council is committed to safeguarding and promoting the welfare of children, young persons and vulnerable adults and we expect all volunteers to share that commitment. Fair and thorough recruitment, selection and interview process are in place throughout the council.