**Volunteer Application Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role Applied For:**  **(if known)** |  | | | |
| **Where did you see the post advertised?** |  | | | |
| **Name** |  | | **Title** |  |
| **Address** |  | | **Postcode** |  |
| **Contact Number** |  |
| **E-mail** |  | | | |
| **If under 18- Parental/guardian consent given** | **Signed:** | | **Date** |  |
| **Relationship to Applicant:** |  | | | |
| **Please indicate times/days which are most convenient for you- this will help us to place you:** | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Morning** | **Afternoon** | **Evening** | | **Monday** |  |  |  | | **Tuesday** |  |  |  | | **Wednesday** |  |  |  | | **Thursday** |  |  |  | | **Friday** |  |  |  | | **Saturday** |  |  |  | | | | | |
| **What kind of voluntary role would you like?** | | | | |
| **Leisure Services General Administration**  **Swimming Fundraising & Events**  **Snack Bar** | | | | |
| **Please use this space to give us details of any experience, skills or training you have. Please continue on a separate sheet if necessary and add a CV if you feel this is appropriate.** | | | | |
|  | | | | |
| **Is there any additional information you feel we should know that would help us ensure that you enjoy your time volunteering with us** | | | | |
|  | | | | |
| **References**  We require character references from 2 referees **who have known you for at least 2 years.** The referees **must not be family members** and, ideally, one should know you in a professional capacity, i.e. teacher, employer etc. | | | | |
| **Referee 1** | | **Referee 2** | | |
| **Name** |  | **Name** | |  |
| **Address** |  | **Address** | |  |
| **Postcode** |  | **Postcode** | |  |
| **E-mail** |  | **E-mail** | |  |
| **Tel Number** |  | **Tel Number** | |  |
| **Relationship to Applicant** |  | **Relationship to Applicant** | |  |
| **Occupational Health** | | | | |
| All volunteers are asked to complete an Occupational Health Pre-Placement Health Questionnaire, which will be used to make an assessment of your health in relation to your proposed placement. The information given will not be disclosed to anyone without your permission unless it is considered that either yourself or Sparkle will be placed in a position of risk. | | | | |
| **Rehabilitation of Offenders** | | | | |
| Sparkle works with vulnerable groups and hence all volunteer roles are subject to an exception order under the provisions of the Rehabilitation of Offenders Act 1974. This stipulates that all previous convictions, including those that are ‘spent’ must be declared. Previous convictions will not necessarily preclude an individual from volunteering but must be declared in writing at the appropriate stage during the recruitment process.  Do you have any convictions, cautions, reprimands or final warnings which you would wish to declare?  **YES NO**  If **YES**, details will be required from you on a separate sheet (in strict confidence) | | | | |
| **Disclosing and Barring Service Check** | | | | |
| The role of volunteer will include unsupervised contact with vulnerable groups, so will require an enhanced DBS check prior to the placement commencing which will include a children barred list check and where appropriate an adult barred list check. | | | | |
| **Emergency Contact Details** | | | | |
| **Name** |  | | | |
| **Relationship** |  | | | |
| **Telephone Number** |  | | | |
| **Has this person agreed to be your emergency contact** | | | | **YES**  **NO** |
| **Declaration** | | | | |
| I have read and agree to adhere to the above. I certify that all of the information given on this form is correct. | | | | |
| **Signature:** |  | **Date:** | |  |

The information you give to Sparkle is important to us. We will keep your information safe and secure. If you would like to change any of your information please tell us. For more information please just see our website, [www.sparkleappeal.org/blog/sparkle-privacy-policy](http://www.sparkleappeal.org/blog/sparkle-privacy-policy)

**Thank you for your interest in volunteering with Sparkle. Please return completed form to:**

Carla Hopkins

Serennu Childrens Centre,

Cwrt Camlas,

Rogerstone,

Newport NP10 9LY

[Carla.hopkins@wales.nhs.co.uk](mailto:Carla.hopkins@wales.nhs.co.uk)