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**Volunteer Application Form**

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| **Name:**  |  |
| **Address:** |  |
| **Telephone Number:**  |  |
| **Email Address:** |  |

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| **Role interested in:** |  |
| **When are you available to volunteer?** | Specific Days Available – Specific Hours Available -  |

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| **How did you hear about the volunteering opportunity at LifeLine?** |  |
| **Why are you interested in applying for this role?** |  |
| **What skills do you have that would be relevant to the post applied for?** |  |

**Part A – Education and Qualifications**

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| **Date From -Month / Year** | **Date To -** **Month / Year** | **Secondary School / College etc** | **Qualifications Gained –** **(subject / level / grade / year)** |
|  |  |  |  |

**Part B – Membership of Professional Associations**

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| **Date From -Month / Year** | **Date To -** **Month / Year** | **Membership Status*****(Please state if by examination)*** | **Professional Body**  |
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**Part C – Training, Seminars or Short Courses attended relevant to the post**

***(State subject***, ***date of attendance and duration)***

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| **Part D – Present or Most Recent Employment** |
| **Job Title** …………………………………………………**Salary** …………………………………………………….**Dates – From - Month / Year** ………………**To – Month / Year** ….……………………………**Notice Required (If Applicable)** ……………**Reason for Leaving: (or reason for leaving):** ……………………………………………… | **Employer’s Name and Address**……………………………………………………..……………..………………………………………………………..……………..………………………………………………………..……………..………………………………………………………..……………..………………………………………………………..…………….. |
| **Duties undertaken:** |

**Part E – Previous Employment – Most Recent First – Relevant to the post**

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| --- | --- | --- | --- | --- |
| **Date From -Month / Year** | **Date To -****Month / Year** | **Job Title** | **Company Name**  | **Reason for Leaving**  |
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| **Date From -Month / Year** | **Date To -****Month / Year** | **Job Title** | **Company Name**  | **Reason for Leaving**  |
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| **Date From -Month / Year** | **Date To -****Month / Year** | **Job Title** | **Company Name**  | **Reason for Leaving**  |
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| Part F – Emergency Contact Details  |
| **Name** ………………………………………………………**Relationship** …………………………………………**Home Telephone** …………………………...........**Mobile** ………………………………………………… | **Name** ………………………………………………………**Relationship** …………………………………………….**Home Telephone** ………………………….............**Mobile** ……………………………………………………… |

### Part G – Declaration of Eligibility to Work in the UK

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| **Are you entitled to work in the UK?** YES / NO **Are there any restrictions on your working in the UK,** YES / NO **e.g. limited leave to remain?**  **If yes, please provide details of any restrictions:**  **Visa / Work Permit Type:**  **Visa / Work Permit Issue Date:** **V Visa / Work Permit Expiry Date:**  **You are required to bring your passport into the office on your first day so that a copy thi of this can be stored on your volunteer folder** |

### Part H – DBS Details

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| **Do you currently have a valid DBS in place?** Yes / No **If yes please give reference number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Issue date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Which Organisation is the DBS from?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Part I – References  |
| **References may be taken up prior to interview. Have you any objections?** YES / NO**We are required to check your previous five year employment history**. **Please provide reference details to enable us to contact your previous employers including your present employer. In case of a first appointment, one referee should be from your school, college or university lecturer.** Please use a separate sheet of A4 paper if required. |
| **Name** …………………………………………………………..**Company** …………………………………………………..**Address** ……………………………………….................….………………………………………………….................**Daytime Telephone** …………………………...........**Occupation** …………………………………………………**Position/relationship** …………………………….…**Email Address** ……………………………………….…… | **Name** …………………………………………………………**Company** …………………………………………………..**Address** ………………………………………...............….…………………………………………………...............**Daytime Telephone** …………………………..........**Occupation** ………………………………………………**Position/relationship** …………………………….…**Email Address** …………………………….……….…… |

### Part J – Health / Disability

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| **Do you consider that you have a health problem or a disability?** YES / NOIf yes, please provide details of your disability and any reasonable adjustments we may need to make either at in interview or in post \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**LifeLine Projects welcomes applicants with a disability and we guarantee to interview all disabled applicants who meet the minimum criteria for a vacancy and consider them on their abilities.** **Please indicate here if you wish to select access to a guaranteed interview [ ]** \* Please note that if you wish to participate in the Guaranteed Interview Scheme, you will need to disclose your disability on application, this request is permitted by the Equality Act 2010  |

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| I certify that the information provided is complete and correct. I understand that failure to provide complete and correct information may result in the withdrawal of an offer of employment, or if already employed instant dismissal. I also give my permission for a DBS check to be carried out if necessary.**Signed** ……………………………………………………………………………………… **Date** ………………………………Return completed and signed form by email to recruitment@lifelineprojects.co.uk or by post to HR Assistant, HR Department, LifeLine Projects, LifeLine House, Neville Road, Dagenham, Essex, RM8 3QS. |