**Intact Volunteer Application Form**

Personal details

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| **Name:** |  | **DOB:** |  |
|  |  |
| **Address:** |  | **Postcode:** |  |
|  |  |
|  |  |
|  |  |
| **Telephone:** |  |  | **Mobile:**  |  |
|  |  |
| **Email address:** |  |
|  |  |
| **Next of kin:** |  |  | **Telephone:**  |  |

Please tick the hours you are willing to volunteer

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monday** |  | am | **Tuesday** |  | am | **Wednesday** |  | am | **Thursday** |  | am |
|  |
|  | pm |  |  | pm |  |  | pm |  |  | pm |
|  |  |
| **Friday** |  | am | **Saturday** |  | am | **Sunday** |  | am |  |  |  |
|  |
|  | pm |  |  | pm |  |  | pm |  |  |  |

Tell us about yourself, and any areas of interest in which you would like to volunteer

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Please tell us why you would like to volunteer for us

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Please tell us what your interests and hobbies are

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What paid or voluntary work experience (if any) do you have?

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Please list any qualifications you hold, or are working towards

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Do you consider yourself to have a disability? If yes, do you have any support needs?

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What is your ethnic background?

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| White British Irish Gypsy/Irish Traveller Any other white background IndianPakistani Chinese Bangladeshi Any other Asian background AfricanCaribbean Arab Mixed background Any other black/African/Caribbean Other |

How did you hear about Intact?

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What is your current employment situation - please circle

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| Full-time employed Part-time employed Self-employed UnemployedName of your employer (if applicable) \_ |

Please give us the names of two people we can contact for a reference

(These people should preferably not be a family member, or someone you have known for less than 12 months)

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| --- | --- |
| **First Referee** | **Second Referee** |
|  |  |
| **Name:** |  | **Name:** |  |
|  |  |
| **Address:** |  | **Address:** |  |
|  |  |
|  |  |
|  |  |
| **Telephone:** |  | **Telephone:**  |  |
|  |  |
| **Email:** |  | **Email:**  |  |
|  |  |
| **Relationship:** |  | **Relationship:**  |  |

**Please provide an email address for references where available**

DBS checks will be carried out. Please provide updates of any incidents which may affect your DBS check.

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| This opportunity abides by the Rehabilitation of Offenders Act 1974. Failure to disclose convictions may result in the termination of your role at Intact. Any information will be treated in the strictest confidence. |
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| **I give consent for my details to be stored securely on Intact network, as it is required as evidence for our funders. Intact will not divulge my personal details to any other third parties without my consent. I have the right to ask Intact to disclose any personal details that they hold on me, and Intact will amend or remove those details, at my request.** |
| **Date:** |  | **Signature:** |  |

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| Please return the form to the Monitoring & Evaluation Officer, Matthew Beck at: **The Intact Centre,** 49 Whitby Avenue, Ingol, Preston PR2 3YP. Email: matthew.beck@intact-preston.org.uk. Tel: 01772 760 760 |