

Micro Volunteer Application Form

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLOCK CAPITALS

Title:	First Name:	Surname:
Address:		Post code:
E-mail :	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Telephone Home :	Work:	Mobile:

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

Name: _____ Occupation: _____ Address: _____ _____ Post code: _____ Email _____ Telephone No: _____ <i>How do you know this person?</i> Current employer <input type="checkbox"/> Teacher/ Lecturer <input type="checkbox"/> Previous employer <input type="checkbox"/> Other (please specify): _____ _____	Name: _____ Occupation: _____ Address: _____ _____ Post code: _____ Email _____ Telephone No: _____ <i>How do you know this person?</i> Current employer <input type="checkbox"/> Teacher/ Lecturer <input type="checkbox"/> Previous employer <input type="checkbox"/> Other (please specify): _____ _____
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HEALTH & SAFETY

Do you have any health issues we should be aware of? YES NO

If Yes, would you explain any requirements you have _____

Do you consider yourself disabled? YES NO

If Yes, what is the nature of the impairment?

Physical Hearing Visual Learning Mental Health Other _____

SELF DECLARATION FORM

CONFIDENTIAL: Personal Disclosure Form of all Helpers working with Young People

You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Amendment) 1986, you should declare all convictions (including 'spent' convictions). As part of the checking procedures you are advised that we reserve the right to make reference to the Local Authority Social Services Department and Police Records to verify the information given on this form.

Have you ever been convicted of a criminal offence or been the subject of a Caution or Bound Over Order? (Please include 'spent' convictions) YES NO

If yes, please state the nature and date(s) of the offence(s):

Have you ever been subject to disciplinary action or sanctions relating to children?

YES

NO

If yes, please give details:

You are required to self-certify that you are not known to ANY Social Services Department as being an actual or potential risk to children, and that you have not been disqualified or prohibited from fostering children or had any rights or powers in respect of any child vested in or assumed by a local authority, or had a child ordered to be removed from your care.

Name: _____ Signed: _____ Date: ___/___/___

Any surnames previously known by: _____

Date of Birth: ___/___/___ Place of Birth: _____

Media, Photography, Video & Interview

It is our aim to promote youth volunteering to more people. The best way to do this is with the use of photographs, film and interviews of volunteers. This material will be used in promotion and publicity material and may be given to the media (print, broadcast and online) to be included in news or feature articles about volunteering. Parents, guardians, carers or legal representatives please sign for people under the age of 18. The person will be named unless you tell us not to.

Do you wish to give your consent? (Please Tick)

YES

NO

Data Protection

The Data Protection Act is a United Kingdom Act of Parliament. It defines a legal basis for the handling in the UK of information relating to living people. It is the main piece of legislation that governs protection of personal data in the UK

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.

As the person named above, I agree to take part in the volunteering experience. I also agree to hold, in confidence, information about the employer's business which I may obtain during this period and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me by the employer representative or by displayed instructions.

I declare that to the best of my knowledge the information given on this form is true and correct.

Name: _____ Signed: _____ Date: ___/___/___

Signed: _____ (Parent/Guardian if under 16 yrs old) Date: ___/___/___

The contact details which you provide on this form will be kept on secure computerised database, operated within the regulations contained in the Data Protection Act 2000, and will never be released to a third party.