

CAFPH VOLUNTEER APPLICATION FORM

PLEASE COMPLETE IN CAPITAL LETTERS

PERSONAL DETAILS

Title: (Please circle) Mr/Mrs/Miss/Ms/Dr/Rev/Other Male Female

Surname.....Forename(s).....

Date of Birth.....

Address.....

.....

.....Postcode.....

Tel: Email.....

Driving licence holder Yes No Use of own car Yes No

Languages.....

EMPLOYMENT STATUS

Not currently seeking employment Retired from employment

Unemployed but seeking employment In full / part-time employment (Please circle)

In full / part-time education (Please circle) Retired but seeking employment

EMPLOYMENT EXPERIENCE

Organisation	Dates	Position and responsibilities
.....
.....
.....
.....
.....

HOW ARE YOU INTERESTED IN HELPING CAFPH?

(Not all tasks are available in all areas)

Administration / clerical Fundraising Information Crèche

Communications Social Care/Respite IT

Other (please specify).....

N.B. Where appropriate, full training will be given.

PLEASE GIVE DETAILS OF ANY OTHER ORGANISATIONS FOR WHOM YOU HAVE VOLUNTEERED:

Voluntary organisation	Dates	Position and responsibilities
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.....
.....
.....

HEALTH

In terms of Health and Safety, it is important that CAFPH does not place you in the wrong role. A disability or health problem does not necessarily exclude you from volunteering with CAFPH and applications from people with disabilities are welcomed.

Do you consider yourself covered under the terms of the Disability Discrimination Act 1995?

Yes No

If yes, what is the nature of your disability? Please give details. If preferred, continue on a separate sheet and attach it to the application form

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Do you have any allergies or other health matters that CAFPH should be aware of? Yes No

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Are there any reasonable adjustments CAFPH could make to better enable you to volunteer at your chosen project? Please give details.

.....

HOW MUCH TIME YOU CAN OFFER AND WHEN.....

.....

CRIMINAL OFFENCES

As volunteering with CAFPH may involve you in providing help and support to those in need in the community, including young children, elderly and vulnerable people, we ask you to give details of criminal offences.

A prior criminal conviction may not prevent you from working with us, but failure to disclose relevant convictions in full, will result in immediate suspension pending investigation.

Have you ever received a criminal conviction? Yes No

If yes, CAFPH will need to assess whether this will affect the volunteering opportunity that we can offer you. All information will be kept confidential and the Rehabilitation of Offenders Act (1974) applies. Please give details on a separate sheet.

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REFERENCES

I wish to become a volunteer of CAFPH and agree to two references being taken up.

Please provide two referees
(They should not be directly related to you and preferably have known you for at least two years.)

1. Name.....

Address.....

.....Postcode.....

Tel No.....

2. Name.....

Address.....

.....Postcode.....

Tell No.....

EMERGENCY CONTACT DETAILS

Name.....

Address.....

.....Postcode.....

Tel No.....

DECLARATION

I confirm that the personal information supplied is accurate. I am willing to abide by the rules and uphold the ethos of the Charity. I understand that my tasks with CAFPH may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times. I agree that my basic records may be kept on computer/database under the provisions of the Data Protection Act 1984 and I agree also that I may be contacted in writing or by telephone.

Signature.....Date.....

All information will be held by CAFPH in a confidential manner.

Unless otherwise advised please send this form to:

**CAFPH
11-15 Park Street West, Luton, Beds. LU1 3BE**

HOW DID YOU HEAR ABOUT VOLUNTEERING OPPORTUNITIES WITH CAFPH

(Please tick all relevant boxes)

CAFPH Volunteer Knowledge of CAFPH Volunteer Bureau

Friend Advertisement Voluntary Action Luton Other (Please specify)

Please tick

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							