

CONFIDENTIAL Home-Start Surrey Heath VOLUNTEER APPLICATION FORM

If you have difficulty completing this form, please ask the Home-Start Organiser for assistance.

Name	
Address including postcode	
If you have been at this	
address less than two years, please give previous	
address	
Home telephone no.:	Work telephone no.:
Mobile no.:	Email address:
Place of birth:	D.O.B
Asian or Asian British Black or Bl	
Indian Caribbean	British
Pakistani African Bangladeshi Any other I	Black Any other white
Any other Asian background	
background please specify specify	
Chinese or other ethnic group	
Chinese Any mixed be	akaround Diagon anosify
	ckground Please specify
-	d address of two referees (not a relative) who may be
contacted by Home-Start	
Referee 1	Referee 2
Name:	Name:
Address:	Address:

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Languages spoken					
What is the minimum time you could offer to Home-Start as a volunteer on a regular weekly basis?					
What type of transport would you use?		If car - do you have a current clean driving licence?	Yes/No		
Please give details of any voluntary/paid work you have done, particularly with children and families:					
Names of your children:	Ages of your children:	Please give informati experience:	ion about your parenting		
Have you any commitments, which could affect your work with Home-Start e.g. part-time work or are you current employed, if so for how many hours per week:					
What kind of work are you doing and what kind of work have you done in the past?					
What are your hobbies and leisure interests?					

Have you any skills or personal experiences, which may be relevant to your work as a volunteer for Home-Start?			
How did you hear of Home-Start?			
Why would you like to become a Home-Start volunteer?			
Is there any other information you would like to add?			

As volunteers are in a privileged position visiting families in their own homes and have contact with young children, Home-Start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

Name:	
Have you had any personal contact with Social Services/Social Work Department or NSPCC/Children 1 st in connection with children in your care?	Yes/No
Do you have any medical condition (physical or mental) that could affect your work as a volunteer?	Yes/No
Have you ever been dismissed from any paid or voluntary work?	Yes/No
Have you ever been arrested or dealt with by the police for any type of criminal offence?	Yes/No
Are there any matters outstanding, which may lead to a criminal prosecution?	Yes/No
If you answer yes to any question please give details:	
If you do not declare existing or spent cautions or convictions you may not b you declare any of the above it may still be possible to become a volunteer.	e selected. However, if

I give permission for Home-Start to carry out criminal record checks at enhanced level with the Criminal Records Bureau. I understand that my National Insurance number may be required for identification purposes.

I know of no reason why I would be unsuitable to be a Home-Start volunteer.

I understand that Home-Start may hold personal information about me in records and on their computer, including sensitive information such as age, race, sex and disabilities that they will use for their monitoring purposes. I agree to them holding this information and understand that it may be shared with Home-Start UK for Quality Assurance purposes.

I understand that I may ask to see my records at any time.

Signed: _____

Date: _____