Volunteer Application Form Home-Start Mid & West Suffolk

Registered charity no. 1127760



Home-Start is committed to safe recruitment practice as an important part of safeguarding and protecting children and vulnerable adults

	nities are you interested in (ple			
Home Visitin	g Volunteer Group Volunt	eer		
Name:				
Address includ	ing postcode:	Home telephone number:		
		Mobile telephone number:		
		mobile telephone number.		
Email address:				
Date of Birth:		Gender:		
References: Plea	ase give the name & address of 2	referees th	nat you have known for a minimum of	
2 years (not a re	lative), include at least 1 profess	ional refere	nce, (previous employer wherever	
	tively, school, college or other p		such as a religious leader or a	
	risor) who may be contacted by I			
			confirm full address with them	
Referee 1		Referee 2		
Title:		Title:		
Name:		Name:		
Address:		Address:		
		Postcode:		
Email address:		Email address:		
Time known this person:		Time known this person:		
		In what capacity:		
	ormation about your experience and families. (Continue on a s		iting or any contact you may have tif necessary)	
E.g. What did/do	you find enjoyable or challengi	ng about pa	renting/parenting experience?	
Diagga wiya data	ails of any information that ma	v support v	vour application (Include any	
	•		Continue on a separate sheet if	
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The minimum time commitment we ask of volunteers is 2-3 hours per week on a regular basis for at least one year with occasional additional time for training and							
	ision is this managea		·				
How did you hear about Home-Start?			What type of transport would you use?				
Ethnic Origin (please tick) √		Do you have a Health Condition or is there any particular support you would need to help you to					
White British	Indian	volunteer?					
White Irish	Bangladeshi	Totalitee.					
White other	Pakistani						
Black Caribbean	Chinese						
Black African	Other						
Black other	Prefer not to						
Any Mixed	say						
Have you had any personal contact with Social Services/Social Work Department or NSPCC in connection with children in your care? Have any of your children been subject to a child protection, child in need plan or assessment?							
Have you ever been dismissed from any paid or voluntary work?				Yes/No			
Have you ever been arrested or had contact (e.g. received a warning/caution/attended court) with the police for any type of criminal offence?							
Are there any matters outstanding which may lead to a criminal prosecution?							
	anda Jacques-Scheme	ease give details below or Manager, to discuss your					
If you do not declare existing or spent cautions or convictions you may not be selected. However, if you declare any of the above it may still be possible to become a volunteer.							
I know of no reason why I would be unsuitable to be a Home-Start volunteer. I will report any changes in my circumstances which may affect my role							
I give permission for Home-Start Mid & West Suffolk to carry out a DBS check at enhanced level. I understand that failing to declare my involvement no matter how minor, with the Police/ Criminal Justice system may result in my being deemed unsuitable as a volunteer. I understand that my national insurance number will be required and that personal information about me will be held in records (including electronic records) some of which may be sensitive information such as age, race, gender, disability and that this information may be used for monitoring purposes. I agree to the scheme holding this information and understand that I may ask to see my records at any time. Signed: Date:							

Please return your completed form(s) to:- Home-Start Mid & West Suffolk, The Principal's House, Kerrison, Thorndon, Eye, Suffolk IP23 7JG or email office@homestartmidsuffolk.org.uk
For further information please telephone 01379 678552