

ST JOHN'S WINCHESTER VOLUNTEERS APPLICATION FORM



JOIN US IN CARING FOR OUR COMMUNITY

I am applying for:	
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Please read the following notes carefully before submitting your application form:-

- 1) The Charity operates an Equal Opportunities Policy, under which all applications will be given equal treatment regardless of a candidate's race, gender, age or sexual orientation.
- 2) Because the Charity works with frail and vulnerable older people, we have to ask you whether you have any prior criminal convictions. This includes 'spent' convictions as the post is exempt from the Rehabilitation of Offenders Act 1974. You will be asked to sign a declaration as to prior criminal convictions. This information is checked by an enhanced disclosure application to the Disclosure & Barring Service. Your details will also be checked against the Protection of Vulnerable Adults List operated by the Department of Education & Skills on behalf of the Department of Health. A copy of our Policy on Disclosure of Criminal Records is available on request.
- 3) We require completion of this application form even if you are submitting a C.V.
- 4) Your references will not be taken up without prior reference to you.
- 5) If additional space is required in answering any question, then please set this out on separate sheet of paper.

QUESTIONS:

1.

Full Name:		Title:	
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2.

Address:		Tel No:	
Post Code:		Email:	

Education:	Schools:	
	Colleges:	

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- 3) Names and addresses of two persons to whom reference may be made (one must be your current or previous employer).

FIRST REFEREE	SECOND REFEREE
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Relationship to Applicant:	Relationship to Applicant:

- 4)

DO YOU CURRENTLY HOLD A WORK PERMIT TO WORK IN THIS COUNTRY?	NO
Circle one	YES
If yes, state here:	

- 5)

Which days and times are you available to volunteer for the Charity?	MORNING	AFTERNOON
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

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- 6) What would you like to gain from your volunteering experience at St John's Winchester?

Please sign and date the declarations below:-

- I. I declare that the information given by me is true and complete.
- II. I acknowledge that any dishonesty, or the giving of incorrect information on purpose, will render this application and any subsequent volunteering role invalid and my volunteering role will be terminated without notice.
- III. I understand that it will be necessary for the Charity to process information about me which could be regarded as Sensitive Personal Data under the Data Protection Act 1998; and I hereby consent to the processing of such data for the purposes of my application and any subsequent volunteering role I may undertake with the Charity.

Date..... Signed.....

Thank you for completing this application form

Please return this form to:-
Vanessa North, Office Manager
St John's Winchester Charity, 32 St John's South
The Broadway, Winchester SO23 9LN
Email: office@stjohnswinchester.co.uk