



Birmingham Child Contact Centre

Application Form for Volunteers

Please email your completed Volunteer Application form to: volunteering@birmccc.org.uk

In case of difficulty with this document, please call: **07916 742321**

STRICTLY CONFIDENTIAL

Surname: _____ Forenames(s): _____

Address: _____

Postcode: _____

Tel: Home: _____ Work: _____ Email: _____

When would you be available to start volunteering at our Centre? _____

Please provide the names and addresses of two referees. One should not be directly related to you and should be over 18 years of age. One should be someone who knows you professionally. You should have known both reasonably well for at least two years on a personal level.

1. Name:	2. Name:
Address:	Address:
Phone number:	Phone number:
Their relationship to you:	Their relationship to you:

Health

In relation to Health & Safety, it is important that we know if there are any aspects of volunteering at our Contact Centre that you would not be able to cope with. An impairment or health problem does not necessarily exclude you from volunteering at the Contact Centre. All information given will be treated with the strictest confidence.

Are you registered disabled? Yes No

If yes, what is the nature of your impairment? _____

Are there any other health matters that we should be aware of? _____

It is important to inform us if you should suffer from any illness in the future that may affect your ability to volunteer for the organization or that would put others at risk.

REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

Because the voluntary work for which you are applying involves working with children we are obliged to ask you, in connection with your Application, to disclose any convictions you may have. Under the conditions of the above Order, you are not entitled to withhold information about convictions which otherwise might be considered spent. A prior criminal conviction may not prevent you from volunteering at our Contact Centre, but failure to disclose relevant convictions in full will result in immediate suspension pending investigation.

Please give below details of any convictions you may have. This information will be treated as strictly confidential but you should be aware that any offer of voluntary work made, will be subject to a satisfactory Disclosure and Barring Service (DBS) check to the enhanced level.

Have you ever been convicted by a court of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details including dates and court where convicted		
Are you subject to any current or outstanding disciplinary procedures or legal action? <i>If Yes, please give details.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disclosure and Barring Service I am happy to complete a Disclosure Application Form to enable an Enhanced DBS Disclosure to be undertaken.		
Signed..... Date.....		

I declare that the information given is true and complete. I understand that any wilful miss-statement or omission may render me liable to dismissal.

Signed: Date:

The following questions are optional – but it would really help us to know more about you.

Employment Status (please tick)			
Not currently seeking employment		Retired from employment	
Unemployed but seeking employment		In full time employment	
In secondary / higher education		In part time employment	
Involved in training scheme		Duke of Edinburgh	
Self employed		New deal	
Prince's Trust		School / College placement	
Other			

What experience and skills do you bring to our Child Contact Centre? (please tick)							
Administration		First Aid		Training		Clerical	
Caring for others		Fundraising		Public Relations		Finance	
Catering		Health & Safety		Secretarial		Information Technology	
Organizational		Working with children		Legal			
Other (please detail)							

Are there any skills you wish to develop / learn?

Have you any relevant qualifications or training?

What special interests / hobbies do you have?

Please give details of any other voluntary organization for which you have volunteered, with details of your experience and the dates involved:

Voluntary organisation	Date from	To	Position and responsibilities

How did you hear about volunteering at a Child Contact Centre?

Birmingham Child Contact Centre, a Candidate Member of National Association of Child Contact Centres. No. 1702/2

Equal Opportunities Monitoring Form

Birmingham Child Contact Centre

Birmingham Child Contact Centre has an equal opportunities and diversity policy. In order to check the working of this policy Birmingham Child Contact Centre records the information given below for statistical analysis and policy consideration only. This form will be detached from the application form as soon as the envelope is opened, and filed separately. Completion of this form is not compulsory.

We would be grateful if you could complete the details listed below by highlighting or ticking those that apply to you. If you feel unable to answer any part of this form, please leave blank.

1. I am: Male Female

2. I would describe my ethnic origin as:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> African |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other Black |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Not known |

3. My age is:

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 21 or under | <input type="checkbox"/> 51-60 |
| <input type="checkbox"/> 22-30 | <input type="checkbox"/> 61-64 |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 65 or over |
| <input type="checkbox"/> 41-50 | |

4. Do you have an impairment we will need to support you with?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5. Where did you see this post advertised?