



Volunteer Application Form

TITLE	NAME
ADDRESS	
POSTCODE	EMAIL
TEL NO	MOBILE

Thank you for volunteering to help North Staffs Carers Association. To help us to make best use of your time and to put your skills and experience to the best possible use, please provide us with as much information about yourself as you possibly can.

How many hours a week (approx.) are you able to help.

Please indicate at which times of the week you would be able to available to work these hours.

	Morning	Afternoon	Evening
MON			
TUES			
WED			
THURS			
FRI			
SAT			

Please tick if this availability is

TERM TIME ONLY ☐

SCHOOL HOLS ONLY ☐

OTHER *please specify...* ☐

Is there a particular area of the Association where you would you like to work?

Please tick as many as you feel apply to you and indicate any special interests in the area below.

ADMIN	<input type="checkbox"/>	DAY TRIPS	<input type="checkbox"/>	EVENTS	<input type="checkbox"/>
YOUNG CARERS	<input type="checkbox"/>	BEFRIENDING	<input type="checkbox"/>	OTHER DETAIL BELOW	<input type="text"/>

What kind of support would you need?

For example, transport, help with computer skills, reading and writing. Please specify below.

Where did you hear about North Staffs Carers Association?

Please complete this section if you are willing to be a driver or to drive as part of your volunteering role.

Do you hold a current, FULL driving licence? YES ☐ NO ☐

If yes, how long have you been driving?

Do you have the use of a vehicle? YES ☐ NO ☐

Are you prepared to use your vehicle as part of your volunteering role? YES ☐ NO ☐

Do you have any endorsements? YES ☐ NO ☐

Have you claimed on your motor insurance in the last X years? YES ☐ NO ☐

If yes, please give details of the claim.
(continue on additional sheet if necessary)

Do you have insurance to transport passengers at this time? YES ☐ NO ☐

IMPORTANT NOTICE

If you use your vehicle for transporting people / children as part of your volunteering role **you must inform your insurance company**. There is usually no extra charge for this and can usually be arranged over the phone.

You must inform North Staffs Carers Association IMMEDIATELY if you receive any Convictions or Endorsements in the future.

Why would you like to volunteer?

TO GET PAID WORK ☐ TO GAIN NEW SKILLS ☐ TO PASS THE TIME ☐

TO HELP SOMEONE ELSE ☐ TO BUILD CONFIDENCE ☐ TO IMPROVE MY CV ☐

ALTRUISTIC REASONS ☐ TO 'REPAY PAST SUPPORT' ☐ HAVE FUN! ☐
(FOR THE GREATER GOOD OF THE COMMUNITY)

Other reasons (please describe)

Is there anything else you would like us to know about you? continue on additional sheet if necessary. The more we know about you, the more we will be able to find a suitable role for you within NSCA.

EQUAL OPPORTUNITIES

North Staffs Carers Association recognises that many people are discriminated against and will take positive action to ensure that no job applicant, staff member, volunteer, organisation or individual to whom we provide services will be discriminated against by us on the grounds of race, colour, nationality, ethnic or national origin, sex, marital status, sexuality, age, disability, religion, employment status.

Acceptance of the Equal Opportunities policy is a condition of volunteering with North Staffs Carers Association

Are you registered disabled?

YES

☐

NO

☐

If yes, please provide us with details. *(this information will help us to offer a suitable volunteering role)*

You will be working with people who are vulnerable. The rehabilitation Act 1974 (exemptions) Order, 1975 required you to declare any criminal convictions, whether 'spent' or 'unspent'. You will also be required to have a check for criminal records through the DBS. Disclosures will provide details of a person's criminal record including convictions, cautions, reprimands and warning held on the National Police Computer. Disclosures will also contain details by the Department of Health and the Department of Education and Skills of those considered unsuitable for working with children.

Have you ever been convicted of a criminal offence other than motoring offences?

YES

☐

NO

☐

If yes, please specify. *(this information will not necessarily prevent you from becoming a volunteer)*

COMPLETING A DBS APPLICATION ONLINE

Before we can proceed with your application, All Applicants must complete the initial DBS process online, by following the steps below. If you do not have access to the internet, please call us on 01782 793100.

- Log in to website: www.disclosure.capitarvs.co.uk/stoke
- Click on "Start Application" in the application form box (on the left hand side)
Organisation reference: UBNSCA Do not enter a password – Enter
- Explanation of the process appears – read and confirm acceptance – Next
- Complete details required on the form, At the end– tick to consent – Complete
- The screen will then show a reference number. Please take note of this number and bring in to North Staffs Carers Association along with the relevant ID* required for verification and submission on-line. Once we receive this application form we will contact you to make arrangements

*NOTE: Please read the document identification rules. These can be viewed by clicking on the "DBS list of acceptable identification" shown in the information box on the right hand side of the screen. The Association cannot process the application without the original (no photocopies allowed) correct and valid ID documents provided.

Please confirm that you have completed the steps above for your online DBS ☐

EMERGENCY CONTACT

Please give the details of an Emergency contact.

NAME	.....
ADDRESS	.....
POSTCODE	.....
TEL / MOBILE	.....
RELATIONSHIP	.....
ARE YOU A CARER?	.....

REFERENCES

Please give the details of two people (non-family members) who have known you for at least 2 years and are willing to tell us about your suitability for volunteering.

NAME	.....
ADDRESS	.....
POSTCODE	.....
TEL	.....
Relationship	.....

NAME	.....
ADDRESS	.....
POSTCODE	.....
TEL	.....
Relationship	.....

I confirm that the information given in this form is true and complete to the best of my knowledge.

Signed Date

Thank you for your interest, it is very much appreciated.

Once we receive your form we will contact you to make arrangements

Please return this form to

**North Staffs Carers Association
Carers Centre, 1 Duke Street, Fenton, Stoke-on-Trent, ST4 3PR**

PLEASE MARK THE ENVELOPE PRIVATE AND CONFIDENTIAL



Please return this form with your application

To help the association ensure that its Equal opportunities statement is fully and fairly implemented and monitored, and for no other reason, we would be grateful if you would complete this monitoring questionnaire and return it with your application form. All information received will be treated in strict confidence and will be separated from your application on arrival.

Volunteer Equal Opportunities Form

Please tick the appropriate box.

Are you Male ☐ Female ☐

Which age group are you in? 16 - 30 ☐ 31 - 39 ☐ 40 - 55 ☐ over 55 ☐

Which area do you live in e.g. Longton, Fenton, Cheadle, London? _____

Ethnic Origin

Please tick one of the following categories which you feel best describes your ethnic origin:

White ☐ Black ☐ Other ☐

UK European ☐ Caribbean ☐ Indian ☐

Other European ☐ African ☐ Pakistani ☐

Other ☐ Bangladeshi ☐

Chinese ☐

Any other Ethnic group ☐

Other Monitoring Information

Do you consider that you have a disability ? Yes ☐ No ☐

If yes, please state disability _____

Thank you for your help.
Your co-operation will help us in our attempts to prevent discrimination.