### 

### The Benjamin Foundation

### Volunteer Application Form

We welcome enquiries from potential Volunteers from diverse backgrounds to help across our services in a variety of different roles. We value the contribution that Volunteers can make to our organisation whilst recognising that volunteering can be a rewarding experience and an opportunity to use and develop existing skills and acquire new ones.

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| --- | --- | --- | --- |
| **Personal details** | | | |
| Title: | Name: | | |
| Address: | | | |
|  | | | |
| Home Telephone: | | | Mobile Telephone: |
| Email address: | | | |
| Can you drive?: Yes/No | | Do You have access to your own car? Yes/ No | |
| Emergency contact name, relationship to you and phone number: | | | |
|  | | | |
|  | | | |
| **Skills and availability** | | | |
| How many hours a week would you like to volunteer? | | | |
| Please specify which days of the week you would like to volunteer | | | |
| When would you be able to start volunteering? | | | |
| What type of volunteer role would you like to undertake and is there any particular service area you would like to volunteer in? | | | |
| Please outline any relevant skills, experience, qualifications and/ or personal qualities you could offer The Benjamin Foundation and your reason for applying for a volunteer position. | | | |
|  | | | |
| Do you consider yourself to have a disability? Yes / No | | | |
| Please detail if there are any reasonable adjustments we can make to assist you with your application or our recruitment process: | | | |

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| **References and eligibility** | |
| Please be aware that due to the nature of the work The Benjamin Foundation working with children and vulnerable adults, all volunteer roles will require us to obtain references and certain roles will be subject to a Disclosure and Barring Service (DBS) check. Please declare if you have any convictions, cautions or reprimands as defined by the Rehabilitation of Offenders Act 1974. Any information given will be treated in complete confidence. Please tick or highlight the correct statement. | |
| I have none to declare | I have information to declare and have attached  a sealed envelope containing details |
| We are required to check that all volunteers have the right to work within the UK and we will check ID when doing your DBS application. Please circle or highlight the documents you are able to provide.  UK/EU/ Swiss: Passport Birth/Adoption Certificate Driving Licence  Valid Working permit from the Home Office or Border Immigration Agency  Other- Please specify: | |
|  | |
| Please give the names and contact details of two people you know in a professional context whom we can contact for references. | |
|  | |
| **Reference 1** | |
| Name: | Job Title: |
| Occupation or relationship to you: | |
| Phone number: | Email: |
| Address: | |
|  | |
| **Reference 2** | |
| Name: | Job Title: |
| Occupation or relationship to you: | |
| Phone Number: | Email: |
| Address: | |
|  | |
| Data protection Act 1998: Information stored by us is strictly confidential. We do not pass personal data to outside organisations and/or individuals without your personal consent.  Do you agree to us keeping your basic information on file? Yes / No | |
|  | |
| I confirm that all of the information given is correct. I authorise The Benjamin Foundation to make any appropriate checks which may be necessary in relation to volunteering for The Benjamin Foundation. | |
| Signature: | Date: |
| **Please return this form to** [**recruitment@benjaminfoundation.co.uk**](mailto:recruitment@benjaminfoundation.co.uk) **or Human Resources, The Benjamin Foundation, 23-27 St Andrews Street, Norwich, Norfolk, NR2 4TP. If you have any questions please phone 01603 615670.**  The Benjamin Foundation Charitable Company limited by guarantee. Registered in England 3825425  Registered Charity No. 1124936 | |