### **Volunteer Application Form:**

### **For post of: Young Women’s Group Volunteer**

1. Name

Address

Date of Birth

Phone No:

 Email:

1. Please tell us what has attracted you to become a volunteer for WEB
2. Please tell us a little about any qualifications you may have that you think would help you in your role as a volunteer. These may be educational or vocational. It would be helpful if you would say when these were gained.

Qualification Year Gained

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| --- | --- |
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1. You may have undertaken some training which would prepare you for the role as a volunteer but which does not give a qualification. Please tell us about any relevant training you may have done.
2. Please tell us of any employment that you have had that may support your application to volunteer. This may be paid work or work you have done in a voluntary capacity.
3. What period of time do you think you would be available to volunteer? (Please note, due to training requirements, a minimum commitment of 12 months is required).

one year [ ] more than one year [ ]

1. When would you be available to volunteer? (start date-subject to CRB clearance)

The ‘Young Women’s Group’ operates:

Wednesday 4.30pm-6.30pm (9-12 year olds) - *Please note currently because of Covid-19 the group is running 4-6pm*[ ]

Wednesday 7.00pm – 9.00pm (13-18 year olds) [ ]

 (in addition to the YWG on Wednesdays: We deliver Pathways 2M Powerment© Programme to groups of young people if you should wish to be considered in being trained up to support this training in the future please tick this box [ ]

1. Are you prepared to take part in training and essential meetings in your time as a volunteer?

 **YES** **[ ]  NO** **[ ]**

1. Are there any other aspects of work would you like to be engaged in as a volunteer?

Fundraising [ ]  Administrative work [ ]

Helping at Events [ ]  Management Committee [ ]

1. Please tell us of any interests, skills and/or previous experience that you have that might be helpful for this kind of work
2. Please tell us about any serious medical conditions/disabilities, which might affect your work as a volunteer.

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| 1. **Relationship to Existing WEB Employees or Volunteers**

*If you have any personal relationship to any WEB employee or volunteer, please give their name and relationship. Any approach to them to influence a selection decision will disqualify you. You should not ask them to give you a reference.* |
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1. As part of the Safeguarding Children agenda we are required to ask you to provide details of all your employment history since you left school.

This should show your employer, the address and the dates you worked there. Any periods where you were unemployed should also be shown giving details of your activity at that time e.g. if you were at home looking after your children, volunteering or training.

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| --- | --- | --- | --- |
| **Employer Name** | **Employer Address** | **Job Title** | **Start and End dates** |
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| **Please continue on a separate sheet if necessary** |

1. Please give the names of two people, unrelated to you, who would be willing to act as referees on your behalf. These people should have known you for at least two years

Name

Address

 Phone No: Email:

 Relationship:

 Name

Address

 Phone No: Email:

 Relationship:

**As a volunteer with the WEB Centre you will be in**

**contact with vulnerable men, women and children**

**Please answer the following questions**.

If you answer yes to one of the questions it will not necessarily exclude you from working at WEB.

If you answer yes to any of these questions, please explain on a separate sheet.

1. Have you ever been convicted of a criminal offence? **YES** **[ ]**   **NO** [ ]
2. Have you ever been involved in any investigations where child abuse has been an issue?

 **YES** **[ ]**   **NO** **[ ]**

1. Under the Disqualification for Caring for Children Regulations 1991 or any other legislation, have you ever had a child removed from you or placed under supervision by the local authority.

**YES** **[ ]**   **NO** **[ ]**

1. Have you ever experienced physical or mental ill health which has meant that children in your care were at a significant risk of harm?

**YES** **[ ]**  **NO** **[ ]**

Signed

Date

Please return this form to:

Amy Newton

Volunteer Coordinator

WEB Merseyside

176 Corporation Road,

Birkenhead, Merseyside

CH41 8JQ

amy@webmerseyside.org

If you should have any queries, please do not hesitate to contact WEB on: 0151-653-3771