

Volunteer Application Form: Home-Start Lomond

Home-Start is committed to safe recruitment practice as an important part of safeguarding and protecting children and vulnerable adults



Confidential: If you have difficulty completing this form, please ask your Home-Start Co-ordinator for assistance.

Name			
Address including postcode			
Home telephone no			Mobile no
Email address			
PLEASE GIVE INFORMATION ABOUT YOUR EXPERIENCE WITH CHILDREN AND FAMILIES. (Continue on a separate sheet if necessary) E.g. What did/do you find enjoyable or challenging about parenting/parenting experience?			
PLEASE GIVE DETAILS OF ANY INFORMATION THAT MAY SUPPORT YOUR APPLICATION. (Include any relevant skills, interests, past employment/voluntary work) (Continue on a separate sheet if necessary)			

REFERENCES: Please give the name & address of 2 referees that you have known for a minimum of 2 years (not a relative), include at least 1 professional reference, (previous employer wherever possible; alternatively, school, college or other professional such as a religious leader or a volunteer supervisor) who may be contacted by Home-Start.

Please ask permission prior to giving referee details and confirm full address with them

Referee 1 Name: Address: Email: Telephone: Time known this person: In what capacity:	Referee 2 Name: Address: Email: Telephone: Time known this person: In what capacity:
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The minimum time commitment we ask of volunteers is 2- 3hours per week on a regular basis for at least one year with occasional additional time for training and support/supervision is this manageable? Yes/No

Ethnic Origin	How did you hear about Home-Start?	What type of transport would you use?
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As volunteers are in a privileged position visiting families in their own homes and have contact with young children, Home-Start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

Name:	
Have you had any personal contact with Social Services/Social Work Department or NSPCC in connection with children in your care? Have any of your children been subject to a child protection, child in need plan or assessment?	Yes/No
Do you consider yourself to have a disability or health condition and if so what adjustments could Home-Start provide to enable you to volunteer? Please provide detail, continue on separate sheet if required.	Yes/No
Have you ever been dismissed from any paid or voluntary work?	Yes/No
Have you ever been arrested or had contact (e.g. received a warning/caution/ attended court) with the police for any type of criminal offence?	Yes/No
Are there any matters outstanding which may lead to a criminal prosecution?	Yes/No
If you answer yes to any question please give details:	
If you do not declare existing or spent cautions or convictions you may not be selected. However, if you declare any of the above it may still be possible to become a volunteer	
I know of no reason why I would be unsuitable to be a Home-Start volunteer. I will report any changes in my circumstances which may affect my role*	Yes/No

I give permission for Home-Start Lorn, to carry out checks e.g.(DBS/PVG) at enhanced level or other checks with the appropriate agency. I understand that failing to declare my involvement no matter how minor, with the Police/ Criminal Justice system may result in my being deemed unsuitable as a volunteer. I understand that my national insurance number will be required and that personal information about me will be held in records (including electronic records) some of which may be sensitive information such as age, race, gender, disability and that this information may be used for monitoring purposes.

I agree to the scheme holding this information and understand that I may ask to see my records at any time.

Signed:

Dated:

The following is not part of the volunteer application form - For Office use

Name/Volunteer Code:		Interview date:
Reference requested	1 (date)	2 (date)
Reference received	1 (date)	2 (date)
DBS/PVG/Access NI requested	Date received	No.
Documents Checked e.g. passport/driving license (please list what was seen and date and sign stating you have seen original documentation)		
Records for volunteers using cars (sign & date)	Driving License Insurance Tax Mot (if applicable)	Volunteer does not drive/does not wish to use car
Prep course completed (date & list sessions attended) e.g.: Role of Volunteer/boundaries Confidentiality Safeguarding/Child Protection Equality & Diversity/Values & Attitudes		
Safeguarding & promoting welfare of children code of conduct signed(date):		

Safeguarding/Child Protection Training Attended/Refresher Undertaken

Other info/policies given e.g. (please list any further policies:

Confidentiality	Signed:	Date:
Safeguarding	Signed:	Date:
Equality & Diversity	Signed:	Date:
Health & Personal safety	Signed:	Date:
Looking after/not looking after children	Signed:	Date:

Supervision dates (expand as needed):