

# VOLUNTEER APPLICATION FORM



*Helping children and adults with motor impairment towards independance*

Name:
Address:

Home Phone No:
Mobile:
Email:

Employment status:
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D.O.B.
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<b>Declaration of Health</b> I wish to declare the following health/disabilities, issues that I feel the Rainbow Centre should be aware of, so that they can offer appropriate voluntary opportunities:
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## Emergency Contact Details:

Name	Phone Number	Relationship

## How did you hear about the Centre?

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**Availability:** Please include the days and times you would prefer to work with us. Indicate if you would be available on an ad-hoc basis and if you would give some of your time on a week-end should we require it.

**What skills, knowledge & experience** do you have that you can offer the Rainbow Centre?

**References:**

Please give details of two referees whom we can approach. Referees should have first hand knowledge of your qualifications and experience, or should be able to comment on your present or most recent employment.

	FIRST REFEREE	SECOND REFEREE
FULL NAME		
ADDRESS		
TELEPHONE		
MOBILE NUMBER		

**Please give details of all full-time and part-time work, including any periods of self-employment, within the last five years.**

Name and Address of <b>Most Recent</b> or <b>Present</b> Employer	Dates		Job Title and Nature of Work	Reason for Leaving <i>(if appropriate)</i>
	From	To		
Name and Address of <b>Previous</b> Employers	Dates		Job Title and Nature of Work	Reason for Leaving <i>(if appropriate)</i>
	From	To		

**What volunteer roles and tasks would you prefer to be involved in ?:-**

<b>Administration:-</b>		<b>Fundraising:</b>	
Typing		Admin Support	
Computer work		Telephone work	
Any other admin tasks		Organising events	
Use of own PC		Helping at events	
		Collecting funds at events	
<b>Working directly with the children</b>		<b>Charity shops</b>	
<b>Gardening</b>			

**Security Checks:**

<b>Do you have a current CRB check?</b>	
<b>YES:</b>	Please bring the original with you to any interview (Disclaimer Number only will be retained for our records).
<b>NO:</b>	You should be prepared to undergo a full Criminal Records Bureau (CRB) disclosure
<b>Are you registered with the Independent Safeguarding Authority (ISA)?</b>	
<b>YES:</b> ISA Number	<input type="text"/> <b>NO:</b> Please visit <a href="http://www.isa.gov.org.uk">www.isa.gov.org.uk</a>
Effective from October 2009, voluntary work cannot commence until the above checks have been confirmed.	

**Please give details of all other charities with which you are involved:**

**Is there any other information that you think may be helpful with your application?**

**Data Protection Statement:**

Your details will be recorded securely on our database and held in accordance with the 1988 Data Protection Act, They will not be disclosed to anyone else without your express prior permission.

In the case of child protection issues, your data may be used or passed on for specific purposes allowed for by law. For more information please refer to The Rainbow Centre's Policy and Procedures Manual.

We do however like to keep our volunteers and supporters informed of our fundraising activities, as this directly supports our Conductive Education services. If you **DO NOT** want to receive information about events, activities and fundraising at the Centre please tick the box:

**I believe the information I have given to be true and accurate.**

**Signed:..... Date:.....**

<b>Office Use Only</b>	
Registered by:	Date:
Approved by:	Date:
Letter of confirmation sent: YES/NO	Date: