

VOLUNTEER APPLICATION FORM

Title:	First Name:	Last Name:
Address:		
Post Code:		
Nationality/Heritage	Gender	Age:
Qualifications:		
IT Skills:		
PREVIOUS WORK OR VOLUNTEERING EXPERIENCE		
I am/am not receiving job-seeker allowance and am currently seeking a volunteer placement for the following:		
Day(s):	Hours/Times:	
Where did you hear about BRENT CARERS CENTRE?		
Why do you want to volunteer for BRENT CARERS CENTRE?		

Please give details of the type of work-experience you would like with BRENT CARERS CENTRE.

Are there any factors that are stopping you from getting a job at the moment, if you are seeking one?

If so, please list them

If we were able to offer you a volunteering placement is there any special equipment or assistance that you would need?

Have you ever been convicted of a criminal offence?

(Under the Rehabilitation of Offenders Act 1974, you will not need to disclose convictions regarded as spent. However, if you wish to work with vulnerable groups, we will ask you to disclose all convictions relating to vulnerable groups under the Safeguarding Vulnerable Groups Act 2006.)

Please provide the names and contact details of 2 referees that we can contact, if necessary.	
REFeree 1	REFeree 2
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel:	Tel:
Email:	Email:
Please state the capacity do you know this person:	Please state the capacity do you know this person:
<i>If successful, you will be required to undertake a Criminal Records Bureau (CRB) check.</i>	
Signature:	Date