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|  | **Volunteers Application Form** |

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| **Fair Process Statement**  Here at Carlisle Key we will only store information about you in line with the GDPR and this may be either on computer or hard copy. The information will only be kept if there is a legitimate reason to do so. For example: Funding purposes, Legal obligation, Insurance purposes and for employment references. | |
| I understand that all information will be stored, shared and disposed in line with GDPR requirements and I have the right to amend or redact information. | **Yes / No** |
| I understand that if I do not wish to share information this may affect my application to volunteer with Carlisle Key. | **Yes / No** |

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| **Personal Information** | | | | | | | | | |
| **Applicants full name** |  | | | | | | | | |
| **Date of birth** |  | | | | | | | | |
| **Address** |  | | | | | | | | |
| **Contact number** |  | | | | | | | | |
| **Email** |  | | | | | | | | |
| **Please tick which opportunity you are interested in:** | Young Person Advisor |  | Trustee/Director | |  | Fundraiser | |  |
| **Why do you wish to volunteer for Carlisle Key?** | | | | | | | | | |
| **Current Occupation (if applicable)**  **Please indicate all relevant skills/experience gained in any current or past employment (voluntary or paid) and any personal qualities you would bring to Carlisle Key.** | | | | | | | | | |
| **The client group we work with is 16 – 25 years of age. What experiences do you have with this age group?** | | | | | | | | | |
| **Please indicate your ability for the following skills** | | | | | | | | | |
|  | Good | | | Average | | | Needs Work | | |
| **Computers and IT** |  | | |  | | |  | | |
| **Filling out forms** |  | | |  | | |  | | |
| **Talking/listening to young people** |  | | |  | | |  | | |
| **Answering the telephone** |  | | |  | | |  | | |
| **Working on your own initiative** |  | | |  | | |  | | |
| **Writing CV’s** |  | | |  | | |  | | |
| **Writing notes** |  | | |  | | |  | | |
| **Writing support plans** |  | | |  | | |  | | |
| **Is there any other information that you feel is relevant?** | | | | | | | | | |
| **What are your hobbies/social interests?** | | | | | | | | | |
| **What week days would you be free to volunteer from 12:15 – 15:45** | | | | | | | | | |

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| **Disclosure of Criminal Background**  Carlisle Key is required under the Police Act 1997, the Protection of Children’s Act 1999 and the Criminal Justice & Court Services Act 2000 to check the criminal background of those whose role give them access to children or other vulnerable members of society. Decisions to appoint as a volunteer will be subject to consideration of a disclosure form the Disclosure and Barring Service.  The voluntary post for which you are applying requires a Disclosure and Barring Service check, you **must** provide information about **all convictions** as the post is automatically exempt from the Rehabilitation of Offenders Act 1974 and rules relating to ‘spent’ convictions do not apply.  Please answer the following questions: | |
| Have you ever been convicted of a criminal offence? | **Yes / No** |
| Have you ever been cautioned for a criminal charge? | **Yes / No** |
| Are you at present the subject of a criminal charge? | **Yes / No** |
| If Yes to any of the above questions, please give brief details including dates. | |

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| Please would you provide the names and addresses of two people who have agreed to act as referees for you. They should be two people who you have known for at least two years and are not members of your family. | | |
| Name of Referee | Contact Details | How does this person know you? |
| 1. | Address:  Tel:  Email |  |
| 2. | Address:  Tel:  Email |  |

I would like to be considered as a volunteer with Carlisle Key and agree to you contacting the above named referees in connection with my application (please sign below).

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| I understand that all information will be stored, shared and disposed in line with GDPR requirements | **Yes / No** |

Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of application: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Please return this form marked Private and Confidential to: Maria Holmes, Carlisle Key, Guildhall Chambers, 29 Fisher Street, Carlisle, Cumbria, CA3 8RF or, email admin@carlislekey.co.uk**