

APPLICATION FOR VOLUNTEERS

Please return completed form to:
Miss Sharon Brown, Human Resources Dept at:
Impact Living/Impact Young Heroes, Wilfred Drive, Darnall,
Sheffield, S9 3WA

Please complete the form in black pen or typescript for photocopying purposes.

VOLUNTEER POSITION APPLIED FOR:	
---------------------------------	--

1. PERSONAL DETAILS			
Surname		Mr/Mrs/Miss/Ms	
First Name		Preferred First Name if different	
Address (Inc. Post Code)			
Home Tel. No.		Work Tel. No.	
Mobile Tel. No.		Date of birth	
E-mail Address			
National Insurance Number.			
Are you related to member of the Board of directors/management of Impact, or to a member of staff? If yes, please give details:	YES	NO	
Current driving license?	YES	NO	
Driving license expiry date			
Details of current endorsements			

2. PRESENT OR MOST RECENT EMPLOYMENT			
Name and address of current (or most recent) employer			
Position Held			
Date of appointment		Date of Leaving	
Salary		Notice required	
If you are no longer working for most recent employer, please provide reason for leaving?			

Please briefly state your main duties and responsibilities within your current or most recent job.

--

3. EMPLOYMENT HISTORY

PLEASE COMPLETE IN FULL AND USE SEPARATE SHEET IF NECESSARY

Name & address of employer	To	From	Post held / main duties and responsibilities
Salary on leaving		Reason for leaving	
Name & address of employer	To	From	Post held / main duties and responsibilities
Salary on leaving		Reason for leaving	
Name & address of employer	To	From	Post held / main duties and responsibilities
Salary on leaving		Reason for leaving	

4. REFERENCES			
Please give the names and addresses of two people, not relatives, who know your capabilities in relation to this post. If previously employed then one of the references must be your present or most recent employer. References will be important in deciding the successful applicant.			
<i>FIRST REFEREE</i>			
Name of referee		Contact Tel. No.	
What is your relationship with the referee?			
May we contact the referee prior to interview?		YES	NO
Address of Referee			
<i>SECOND REFEREE</i>			
Name of referee		Contact Tel. No.	
What is your relationship with the referee?			
May we contact the referee prior to interview?		YES	NO
Address of Referee			

5. EDUCATION & TRAINING			
PLEASE COMPLETE IN FULL AND USE SEPARATE SHEET IF NECESSARY			
Educational Establishment	Date <i>From – To</i>	Examinations Taken	Results <i>(with grades)</i>
Relevant short courses attended			

6. REHABILITATION OF OFFENDERS ACT

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Act (1974) (Exemptions) Order 1975. Applications are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and, in the event of being appointed as a volunteer, any failure to disclose such convictions could result in dismissal or disciplinary action by Impact.

Please be aware in certain circumstances any appointment as a volunteer is dependant upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

Any information given will be completely confidential.

Have you ever been convicted of a criminal offence?	YES	NO
---	-----	----

If your answer is YES, please set out the full details of the convictions including the dates.

--

7. EXPERIENCE AND SUPPORTING INFORMATION

When completing this section please state what you can offer and any skills/experience that you would particularly like to use at Impact Young Heroes Charity/Impact Living. Please include information on what makes you a suitable candidate for a volunteer position. Please outline details of your voluntary and employment experience, responsibilities and achievements including any voluntary or leisure activities, which you consider to be relevant in support of your volunteer application. You may be asked to complete a ‘fundraising challenge’ as part of the application process.

--

Please continue on a separate sheet if necessary

Please state how you heard about Impact Young Heroes/Impact Living

--

8. DECLARATION

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give Impact Young Heroes/Impact Living the right to terminate any voluntary contract being offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that this information will be processed in accordance with the Data protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of a voluntary post may be withdrawn or my voluntary post terminated.

Signed:

Date:

OCCUPATIONAL HEALTH QUESTIONNAIRE

1. Personal Details			
Surname		First Name	

2. Medical History			
Have you ever had the following? (Please tick all that apply)			
Bowel Trouble	<input type="checkbox"/>	Asthma/Hay Fever	<input type="checkbox"/>
Hernia, Gallbladder Trouble	<input type="checkbox"/>	Bronchitis, Pneumonia, etc.	<input type="checkbox"/>
Stomach Trouble/Ulcer	<input type="checkbox"/>	Back Trouble	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	Ear Trouble	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>
Kidney/Bladder	<input type="checkbox"/>	Glandular Fever	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Dizzy Spells/Fits	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	Frequent Colds/Sore Throats	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	Migraine/Headaches	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	Gynaecological Trouble	<input type="checkbox"/>
Palpitations, Shortness of Breath	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please provide brief details for any items that you have ticked or any other diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

--

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

--

Please provide details of hospital care received in the past 5 years either as an in-patient or outpatient.

--

Please list all absences from work in the past 12 months and the reasons for such absences.

--

Please provide details of all current vaccinations and immunisations received.

--

Do you have a physical or mental impairment that has substantial and long-term effect on your ability to carry out day-to-day activities?

YES NO

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend the interview.

I declare that all information provided is true and complete to the best of my knowledge and belief. I understand that wilful withholding or mis-stating of facts asked for above may be the cause for refusal or termination of a voluntary post .

Signed		Date	
---------------	--	-------------	--

EQUAL OPPORTUNITIES MONITORING FORM

Impact is an equal opportunities employer. The aim of our policy is to ensure that no job applicant/ employee or volunteer receives less favourable treatment on the grounds of race, colour, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All employees/volunteers are given equal opportunity and are encouraged to progress within the organisation.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

I would describe my ethnic group and sex: (Please tick one box for your ethnic group and one box for your sex)

A) White

- English Scottish
- Welsh Irish
- Any other White background, please specify.....

B) Mixed

- White and Black Caribbean White and Black African
- White and Asian
- Any other Mixed background, please specify.....

C) Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

- Indian Pakistani
- Bangladeshi
- Any other Asian background, please specify.....

D) Black, Black British, Black English, Black Scottish or Black Welsh

- Caribbean African
- Any other background, please specify.....

E) Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other Ethnic Group

- Chinese
- Any other background, please specify.....

F) Sex

- Male Female

Name:..... **Signed:**.....

Date:.....