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| **VOLUNTEER APPLICATION FORM**Thank you for your interest in volunteering with JAIKARA. Volunteers play a key role in providing vital support to those who access our services and to raise awareness on taboo subjects, therefore if you are interested in volunteering with us, please take a few minutes to complete this application form.Once completed please send it via email to: info@jaikara.org.uk. If you require any further information, please do not hesitate to call Jaikara on 07378 766776. |

# PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Application:** | Day | Month  | Year |
|  |  |
| **Name** \* | Click here to enter text.  | **Surname \*** | Click here to enter text. |
|  |  |
| **Address Line** \* | Click here to enter text.  | **Town/City** \* | Click here to enter text. |
|  |  |
| **County** \* | Click here to enter text.  | **Country** \* | Click here to enter text. |
|  |  |
| **Post Code** \* | Click here to enter text. |
|  |  |
| **Landline No** \* | Click here to enter text.  | **Mobile No** \* | Click here to enter text. |
|  |  |
| **Email** \* | Click here to enter text. |
|  |  |
| **Date of birth** \* | Day | Month  | Year |
| **Gender** \* | -Select- |
|  |  |
| **Nationality** \* | -Select-  | **Ethnicity** \* | -Select- |
|  |  |
| **Do you have any special needs for interview or do you regard yourself as having a disability?** \* | -Select- |
|  |  |
| If yes, please give details: | Click here to enter text.  |
|  |  |
| **Do you hold a full, clean driving license?** \* | -Select- |

**Why do you want to volunteer with JAIKARA? \***

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**What skills, qualities and attributes do you think you have that can support the work we do? \***

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**Have you volunteered before?** If yes, please tell us about your experience **\***

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**Do you have any hobbies or interests that you would like to use when volunteering with JAIKARA?** (E.g. teaching English, supporting as an interpreter, delivering cooking classes, music, arts and crafts workshops, therapeutic sessions such as reiki, physiotherapy, reflexology…) **\***

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# ADDITIONAL INFORMATION

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| **How long do you hope to volunteer at JAIKARA?** \* | Less than 3 months |[ ]  3-6 Months |[ ]  6-12 Months |[ ]  12 Months + |[ ]

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|  | Please indicate by ticking day and time of day you are available to volunteer with us.  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday**  |
| **Morning**  |[ ] [ ] [ ] [ ] [ ] [ ] [x]
| **Afternoon** |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Evening**  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

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| **How did you hear about volunteering at JAIKARA?** | Click here to enter text. |
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| We deliver services to vulnerable adults, therefore all applicants who are offered a volunteering placement will be subject to a Disclosure and Barring Service (DBS) check (only if you are asked to work with victims), before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as all convictions. You are asked to declare any criminal convictions, whether spent or unspent, as defined in the Rehabilitation of Offenders Act 1974 when you apply to JAIKARA. |
|  |
| **Do you have any criminal convictions or received a caution (other than minor driving offences)?** \* | Yes |[ ]  No |[ ]
|  |  |
| If yes, please state the date and nature of conviction | Click here to enter text. |
|  |  |
| **Do you agree to an enhance DBS disclosure checks being carried out?** \* | Yes |[ ]  No |[ ]
|  |  |
| If no, please explain why | Click here to enter text. |

# REFERENCES

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| Your placement/volunteering will not commence until we receive your references. Please provide us with names and contact details of two referees who we can contact. Please note that your referees should know you well enough to comment on your ability to volunteer at JAIKARA. Please ensure you ask your referees for a swift response. We accept references from a previous employer, lecturer, friend, and neighbor. Please note we do not accept references from a family member. Please ensure you include reference letters with your application. |

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| **Reference 1**  |  |
|  |  |
| **Name \*** | Click here to enter text. |
|  |  |
| **Position \*** | Click here to enter text. |
|  |  |
| **Address Line \*** | Click here to enter text. |
|  |  |
| **Town/City \*** | Click here to enter text. |
|  |  |
| **County \*** | Click here to enter text. |
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| **Post Code \*** | Click here to enter text. |
|  |  |
| **Telephone No \*** | Click here to enter text. |
|  |  |
| **Email \*** | Click here to enter text. |
|  |  |
| **Relationship \*** | Click here to enter text. |
|  |  |
| **How long have you known this person? \*** | Click here to enter text. |
| *Please attach a reference letter* |  |

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| **Reference 2**  |  |
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| **Name \*** | Click here to enter text. |
|  |  |
| **Position \*** | Click here to enter text. |
|  |  |
| **Address Line \*** | Click here to enter text. |
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| **Town/City \*** | Click here to enter text. |
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| **County \*** | Click here to enter text. |
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| **Post Code \*** | Click here to enter text. |
|  |  |
| **Telephone No \*** | Click here to enter text. |
|  |  |
| **Email \*** | Click here to enter text. |
|  |  |
| **Relationship \*** | Click here to enter text. |
|  |  |
| **How long have you known this person? \*** |  |
| *Please attach a reference letter* |  |