

Volunteer Application Form



Listening Learning Leading

HOW TO FILL IN THIS FORM

Please read all the accompanying information before you complete this application form.

If you have difficulty filling in this application form please let us know and we will make alternative arrangements for you.

Application for the Post of:
Circle as appropriate

Volunteer Usher / Volunteer Workshop Assistant /
Volunteer at Outdoor events / / ALL

Personal Details

Family name	<input type="text"/>
First name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Email address	<input type="text"/>
Home telephone	<input type="text"/>
Daytime telephone	<input type="text"/>

Discretion will be used when contacting you on these numbers.

Rehabilitation of Offenders Act (1974)

Please read the guidelines on applying for a post before you complete this section. Any information given will be kept confidential and will only be considered in relation to the job you are applying for. Failure to declare unspent convictions will result in the withdrawal of a job offer or, if subsequently discovered, to disciplinary action and/or dismissal.

I understand that the Council will require a disclosure application to be made to the Criminal Records Bureau for certain categories of employment and I agree to make an application if deemed necessary.

I have unspent conviction(s) details of which are attached

I do not have any convictions

(enter '✓' in whichever box applies)

Signed

Date



What paid or unpaid work have you experience in which you feel is relevant to Cornerstone?

Please list the most recent first, using continuation sheets if necessary.

From To Position Employer/Organisation Brief details of duties

Please tell us more about any training that you have received that you feel may be relevant.

Please list the most recent first, using continuation sheets if necessary.

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Why do you think you would be a good volunteer?

This section is the most important part of the form. We would like you to tell us the following:

- Why you would like to be a volunteer at Cornerstone
- In what ways you have worked with the public or children before
- Whether you have handled money before as part of your job
- Why you think you would be a good volunteer usher, workshop assistant,

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References

As you are applying to volunteer in a position that works with children and handles money we will need to take in references. Please give the name, address and contact number of two people who can provide us with an assessment of whether you would be a good volunteer. Please put an 'X' in the box if you do not wish us to contact either referee before obtaining your consent.

First reference

	<input type="checkbox"/>		
Name	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>		
Job title	<input type="text"/>	Connection with you	<input type="text"/>

Second reference

	<input type="checkbox"/>		
Name	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>		
Job title	<input type="text"/>	Connection with you	<input type="text"/>

Declaration

I declare that the information given in this application is true. If I am successful in obtaining this post and the information is later discovered to be incorrect, I understand that the appointment can be terminated by the Council.

Signed	<input type="text"/>	Date	<input type="text"/>
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Equal Opportunities Monitoring Form

The Council aims to maintain a competent, flexible and quality conscious workforce. To this end the Council intends to select the best available person for every vacancy, regardless of sex, race, colour, religion, ethnic origin, age, marital status, parental status, disability, sexual orientation, involvement in trade union or "spent" criminal convictions.

To help the Council monitor its equal opportunities policy and for that reason only please complete this form. Please note that the information is confidential and will be removed before the application is submitted for consideration.

Name (<i>CAPITALS</i>)	<input type="text"/>		
Position applied for	<input type="text"/>	Team	<input type="text"/>

Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	<input type="checkbox"/> Other (please state)	<input type="text"/>	
Age	<input type="checkbox"/> 20 or under	<input type="checkbox"/> 31 – 40	<input type="checkbox"/> 51 – 60
	<input type="checkbox"/> 21 – 30	<input type="checkbox"/> 41 – 50	<input type="checkbox"/> 61 or over

Ethnic Origin

I would describe my race or ethnic origin as *(please place a '✓' in one box)*

<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other white background</p> <p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Chinese</p> <p><input type="checkbox"/> Chinese</p>	<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p>Black or Black British</p> <p><input type="checkbox"/> Black – Caribbean</p> <p><input type="checkbox"/> Black – African</p> <p><input type="checkbox"/> Any other black background</p> <p>Other ethnic group</p> <p><input type="checkbox"/> Any other</p>
<p>If you ticked 'Any other', please specify <input style="width: 100%;" type="text"/></p>	

Disability

Do you consider yourself disabled within the meaning of the Disability Discrimination Act (Please see guidance notes) Yes No

If yes, please specify

Do you require any special assistance at interviews or with any aspect of the job? Yes No

If yes, please specify

Thank you for your co-operation

Please return to; Cornerstone Duty Management team, 25 Station Road, Didcot, Oxon OX11 7NE
 Or cornerstone@southoxon.gov.uk