**Private and Confidential**

**Home-Start Volunteering Application Form**

**If you need any support completing this form, please contact us:**

**Email:** [**office@homestartsouthwarwickshire.org.uk**](mailto:office@homestartsouthwarwickshire.org.uk)

**Telephone: 07564 543 806**

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**Please tell us how you found out about us**:

* Social Media 
* Website 
* Word of Mouth 
* Poster 
* Other  - please explain -

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**Personal Details:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Title *(circle as appropriate)* Mr Mrs Ms Miss Dr Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Best time to contact you?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**When would you like to volunteer?**

Weekday availability:

Anytime  Once in a while  At an event 

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**What are your interests?**

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**Home-Start South Warwickshire supports families with children under 5 going through difficult times. Our USP is parents supporting parents, please tell us of any skills or qualities or relevant experience you feel would be of benefit to our families:** *(i.e. parenting, listening skills, supporting families, early years support…..)*

**Not sure? Well don’t worry, we are just looking for enthusiastic people who want to make a difference.**

**We would love to hear what specifically interested you in volunteering for Home-Start:**

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**What role/s are you interested in?**

* One to one support
* Group support 
* Telephone support 
* Driver 

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**Have you volunteered before?**

* Yes 
* No 

If yes, please give details:

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**What are your expectations of being a volunteer?**

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**Do you drive?** *(Not compulsory but may be useful/needed for certain roles)*

* Yes 
* No 

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**The families we support on a one to one basis rely on their volunteers visiting with them once a week. Could you commit to supporting a family once a week for 6 to 12 months?**

* Yes
* No 

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**We are committed to providing support to all those who want to work or volunteer with us. Do you consider yourself to have a disability or currently have any health issues that we need to be aware of to be able to support you?**

* Yes 
* No 

If yes, to enable us to support you as best we can please feel free to give details:

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**Do you have any concerns about volunteering with us?**

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**References** (If you have any difficulty providing this, please chat with a member of Home-Start staff)

Please provide the name, **email address** and contact numbers for **TWO** referees. These can be organisations or friends who have known you for a **minimum of two years** but must **NOT be family members.**  If you have volunteered (in the last 2 years) or are currently volunteering / working with another organisation, then one reference MUST be from your most recent volunteering placement / employer.

**If you cannot provide references please let us know, this will not necessarily be a barrier to volunteering.**

**Person 1**

|  |
| --- |

Name:

|  |
| --- |

Email Address:

|  |
| --- |

Contact No:

How do you know this person?

|  |
| --- |

How long have you known this person?

|  |
| --- |

Contact prior to interview? Yes/No

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**Person 2**

|  |
| --- |

Name:

|  |
| --- |

Email Address:

|  |
| --- |

Contact No:

How do you know this person?

|  |
| --- |

How long have you known this person?

|  |
| --- |

Contact prior to interview? Yes/No

**Please be advised that some roles will require a criminal reference check (such as a DBS or PVG). If relevant, your coordinator will discuss this with you.**

**Marketing permissions**

I give my permission for Home-Start to contact me, to keep me up to date about volunteering, fundraising and our work supporting families. (Please tick all that apply)

* Email 
* Post 
* Phone 

You can unsubscribe at any time by clicking the link in the footer of our emails. For information about our privacy practices, including the use of third-party software, please visit our website [www.home-start.org.uk/privacy-notice-home-start-uk](http://www.home-start.org.uk/privacy-notice-home-start-uk)

**Data**-

I confirm that the information given on this form is correct and that I have not knowingly withheld any material fact. Under the Data Protection Act 2018, I hereby consent for the information in this application form, about myself and others, to be processed by Home-Start South Warwickshire for the purposes of recruitment. I hereby give my permission to those individuals or organisations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer rose and other information as they deem appropriate.

|  |
| --- |

Print Name:

|  |
| --- |

Signature:

|  |
| --- |

Date:

**PARENTAL CONSENT**

I am 18 years or older Yes No 

If applicant is under 18 years of age, please complete below:

| Applicant’s date of birth |  | |
| --- | --- | --- |
| I give permission for the above-named applicant to volunteer for Home-Start | Parent/guardian name | Signature |
| I’d like more information about the role and what it entails | Yes | No |

If you go on to become a volunteer, the information provided here will subsequently be held on your personnel file, and for those who are unsuccessful, it will be held for a maximum of 6 months and then destroyed.

**Equalities Monitoring Form**

**(Can be submitted under separate cover for confidentiality)**

**Post applied for:**

**Where did you see this post advertised?**

**Are you an internal or external candidate?**

| 1. **Age**   What is your age group?  □ 17 □ 18-25 □ 26-35 □ 36-49 □ 50-64 □ 65+ □ Prefer not to say |
| --- |

| 1. **Disability**   Under the Equality Act 2010, a person is considered to have a disability if they have a physical or mental impairment that has a substantialandlong-term negative effect on their ability to carry out normal day-to-day activities.  Do you consider yourself to have a disability? □ Yes □ No □ Prefer not to say  If yes, please tick all that apply:  □ A physical disability □ A learning difference/disability (e.g. dyslexia)  □ Chronic/long term health condition □ A visual disability □ A hearing disability  □ A mental health condition □ Other (please specify) ………………………  Please note, information provided in this form is for monitoring purposes only. If you require reasonable adjustments, at any stage during the recruitment process, please contact the person listed on this application |
| --- |

| 1. **Sex**   □ Female □ Male □ Prefer not to say |
| --- |

| 1. **Gender Identity**   Does your gender identity correspond to your birth sex? □ Yes □ No □ Prefer not to say |
| --- |

| 1. **Ethnicity**   Please tick the category that you feel best describes your ethnicity:  **Asian or Asian British Black or Black British**  □ Bangladeshi □ African  □ Chinese □ Caribbean  □ Indian □ Any other Black background (please specify)  □ Pakistani ………………………………………….  □ Any other Asian Background (please specify)  ………………..………………..  **Shared Heritage White**  □ White and Asian □ British  □ White and Black African □ European  □ White and Black Caribbean □ Irish  □ Any other shared heritage (please specify) □ Any other White background (please specify) ………………..……………….. …………………………………………..  **Other Ethnic Background**  □ Arab  □ Gypsy/Roma/Traveller (please specify) ………………..………………..  □ Any other ethnic group (please specify) ………………..………………..  □ Prefer not to say |
| --- |

| 1. **Religion or Belief**   How would you describe your religion or belief?  □ Buddhist □ Christian □ Hindu □ Jewish □ Muslim □ Sikh  □ Other (please specify) □ None (secular/agnostic/atheist) □ Prefer not to say  ………………………………. |
| --- |

| 1. **Sexuality**   How would you describe your sexuality?  □ Bisexual □Gay □Heterosexual □Lesbian □Other (please specify) □ Prefer not to say |
| --- |