

Saltstone Caring Volunteer Application Form



Name:	Date of birth:
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Address:
Postcode:

Tel No: (day):	Tel No: (evening)
Mobile:	Email:

Present occupation if applicable:
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Previous occupation:

Previous volunteer experience if applicable:

Do you have a vehicle available?

What skills/qualities/experience could you bring to Saltstone Caring?

What areas of work are you interested in?

Working with clients

Training

Income generation

PR

Any other (please specify)

How did you hear about volunteering with Saltstone Caring?

Availability and time commitment

When are you available for volunteering?

On a weekly basis

On a fortnightly basis

For one off events

Are you normally available during:

Daytime Evenings

Weekends Flexible

Referees

It is likely that in your voluntary work with Saltstone Caring, you will come into contact with vulnerable people. We would, therefore, like to take up references from two people who have known you for some time and are not relatives. If possible one should be from a place of work/organisation where you have previously volunteered.

First referee

Name

Address

Tel no

Email address

How long has this person known you and in what capacity?

Second referee

Name

Address

Tel no

Email address

How long has this person known you and in what capacity?

Criminal Records Bureau Disclosure

Are you prepared to undergo a CRB Check? Yes/No

If you have any queries about completing this form, please contact the Co-ordinator on 01548 854588, email lisa@saltstonecaring.org.uk

Please return your completed form to: Saltstone Caring, Quay House, Ilbert Road, Kingsbridge, TQ7 1DZ.

For monitoring purposes, please also complete the Equal Opportunities form overleaf.

Equal Opportunities in Recruitment and Selection

Our volunteer recruitment processes are carried out in a way that ensures individuals are selected purely on their suitability for the role. No volunteer will receive less favourable treatment on the grounds of sex, marital status, disability, race, ethnic origin, nationality, age, sexual orientation, religious belief or political opinion, or be disadvantaged by conditions or requirements that are not justified or relevant to the role. We are committed to ensuring that every applicant applying for a volunteer role within Saltstone Caring is treated fairly.

We will treat the information you give us as confidential and appreciate your co-operation. Your application will not be affected by the information provided.

Do you consider yourself to have a disability*? Yes/No

If yes, please give further details.

**The Disability Discrimination Act 1995 defines a disabled person as someone with a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.*

What is your ethnic group?

- | | |
|--|--------------------------|
| White | <input type="checkbox"/> |
| Mixed | <input type="checkbox"/> |
| Asian or Asian British | <input type="checkbox"/> |
| Black or Black British | <input type="checkbox"/> |
| Chinese or other ethnic group (please specify) | <input type="checkbox"/> |

I confirm the information I have supplied on this form is accurate and complete.

Signed Date