

Volunteer Application Form

Where would you be interested in volunteering? (Please circle):

Hub (Cambridge/Peterborough/Huntingdon) **YourSpace**
Vocational Service (Peterborough) **Allotment** **Bowling**
Fundraising **Admin**

Where did you hear about us? _____

1. Personal Details

Mr/Mrs/Miss/Ms _____ First Name (s) _____

Last Name _____ Date of Birth _____

Address (inc. Post Code) _____

Email _____ Tel _____

What is the best way to contact you? (Please circle): Email Telephone Post

Emergency Contact

Name _____ Tel _____

Address _____

2. Availability

Please give details of any existing work/voluntary commitments

Please indicate when you are most likely to be available to volunteer by putting a tick or cross in the boxes below. Please give as many alternatives as possible.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

How long are you likely to be available to volunteer? (1 month, 2 months, indefinitely etc.)

3. Transport

Do you have your own car? Yes/No

How far would you be prepared to travel?

4. Experience

What skills and experience can you bring to Headway? (Previous employment, voluntary work, training, relevant personal experience, interests – very brief details)

5. Volunteering

Why do you want to be a volunteer with Headway Cambridgeshire? (Very brief details)

What do you think Headway Cambridgeshire can offer you? (Very brief details)

What experience do you think you bring to the role? (Very brief details)

6. Referees

Please give us the names and addresses of two people who can be asked to provide references.

Name _____ Name _____

Address (inc. Post Code) _____ Address (inc. Post Code) _____

Email _____ Email _____

Tel _____ Tel _____

Headway aims to promote equality of opportunity for all with the right mix of talent, skills and potential. Headway welcomes applications from diverse candidates. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Unless the nature of the work demands it you will not be asked to disclose convictions which are 'spent' under the Rehabilitation of Offenders Act 1974. Having an 'unspent' conviction will not necessarily bar you from volunteering. This will depend on the circumstances and background to your offences. As Headway – the Brain Injury Association meets the requirements in respect of exempted questions under Rehabilitation of Offenders Act 1974; in positions for which it is appropriate potential volunteers will be subject to a criminal record check from the Criminal Records Bureau, before their acceptance is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions. This statement will be amended when disclosure is fully implemented.

7. Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975

Because of the nature of the voluntary work for which you are applying you are required to disclose any criminal convictions which you have had. You are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Failure to give this information could result in your dismissal. Headway may carry out an enhanced police check (CRB) if your placement is within certain vulnerable categories. This information will be treated in the strictest confidence and will only be taken into account if it is relevant to the voluntary placement.

Do you have any previous convictions? (Please circle): Yes No (If yes, please give details below):

8. Equal Opportunities

The information provided below will only be used for the purpose of health and safety and statistics. The information given will be treated in the strictest confidence and processed in accordance with the Data Protection Act 1998. Please mark as appropriate.

Gender (please self-define)		Do you have a disability?	
		Yes	
		No	
Employment status			
Employed full time (or self employed)		If yes, is your disability:	
Employed full time (or self employed)		Physical	
Employed part time (or self employed)		Sensory	
Unemployed		Mental Health	
Student/Training		Learning Disability	
Primary carer		Chosen not to disclose	
Sick/Incapacity		Other:	
Retired			
Never in paid employment		Age	
Other:		Under 16	
		16 – 25	
		26 – 55	
		56 – 64	
Ethnic group		65 +	
White – British		Chosen not to disclose	
White – Irish			
White – Other			
Mixed – White and Black Caribbean			
Mixed – White and Black African		Do you have support needs?	
Mixed – White and Asian		Yes	
Mixed – Other		No	
Asian or Asian British – Indian			
Asian or Asian British – Pakistani			
Asian or Asian British – Bangladeshi			
Black or Black British – African			
Black or Black British – Caribbean			
Black or Black British – Other			
Chinese			
Chosen not to disclose			
Other:			

9. Photo Permission

There will be occasions at Headway House, Huntingdon or Peterborough Day Services, or during outings and external activities organised by Headway, when photographs will be taken or videos made of clients, workers and volunteers for publication or broadcast, in various audio and visual formats including on the Headway website. Therefore we ask that you signify below your approval of publication of such items. If you have any concerns, please speak to the service manager. You will not be forced to take part if you have any reservations.

I consent to the use of photographs taken or film or interviews made at Headway

House or during Headway events, to promote the work of the charity on behalf of brain injury survivors and their families:

Name _____

Signature _____ Date _____

or, I would prefer not to be included in any photo/video:

Name _____

Signature _____ Date _____

10. Confidentiality

I understand that any matters of a confidential nature, concerning care of clients and client records, must under no circumstances be divulged or passed on to any unauthorised person or persons. (A breach of confidentiality will result in termination of your placement).

Signature _____ Date _____

HEADWAY CAMBRIDGESHIRE
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