

## Hyndburn Community Network Volunteer Application Form

### Section 1 Personal Details:

Title.....
Surname.....
First Names.....
Address..... ..... .....
Post Code.....
Telephone No..... Mobile:.....
Date of Birth..... Email: .....

<b>Age</b>	<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-50	<input type="checkbox"/> 50+
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### Section 2 Area of Interest:

<input type="checkbox"/> <b>Trustee</b>	<input type="checkbox"/> <b>Older People</b>	<input type="checkbox"/> <b>People with disabilities</b>
<input type="checkbox"/> <b>Children and Young people</b>	<input type="checkbox"/> <b>Faith</b>	<input type="checkbox"/> <b>Other (please specify)</b>

### Section 3 Qualifications/Experience:

Please give details of any qualifications or experience you may have, which might be relevant to this type of volunteering opportunity.

### Section 4 Availability for Work:

How many hours would you be able to volunteer? Max..... Min.....

Morning  Afternoon  Evening

Which days would you be able to volunteer?  
Mon Tues Wed Thurs Fri Sat Sun

Preferred Hours Start..... Finish .....

### Section 5 Protection of Vulnerable Adults & Children:

As we work with children, young people and vulnerable adults the legislation on working with children and vulnerable adults applies to volunteers in the same way as to employees. As a volunteer you will be treated in the same way as employees for criminal record checks. It is the duty of every organisation working with children or vulnerable adults to put in place safeguards to protect their clients. This will be followed up if you are accepted for volunteering at the Network.

### Section 6 Disability Discrimination Act:

Do you consider yourself disabled under the Disability Discrimination Act?  
**Yes/No**  
If Yes, Please give details and specify any special needs in relation to your disability.

**Section 7 References:**

Please give the names, addresses & telephone number of two referees from whom we can obtain character and experience references.

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**Section 8 Declaration:**

I confirm that to the best of my knowledge, the information on this form is accurate.

**Signed..... Date.....**