



Volunteer Application Form

Full Name Including Title:	
Present appointment: <i>(Job title, department, and organisation.) / studies / other status:</i>	
Current address:	
Telephone number(s):	Email address:
Qualifications:	
Previous and other appointments: <i>(Include previous appointments in the last 5 years and other current appointments.) * continue on back if needed</i>	
Charity/voluntary experience :	
Training or relevant skills suitable for charity work: <i>(Details of any relevant training in voluntary/charity sector, give the date of the training.)</i>	
Why would you like to volunteer with Shine A Light?:	
How soon can you start:	

Registered Charity 1171090

Phone: Phone: 07966 089805 E-Mail: sam@shinealightss.org.uk

www.shinealightss.org.uk Just Giving Page: www.justgiving.com/shinealightsupportservice



SHINEALIGHTSUPPORTSERVICE



SHINEALIGHTCOV



SHINEALIGHTSS



Shine A Light Support Service

If you are disabled, please give details of any special arrangements or adjustments you would require to attend interview and when volunteering.

Do you smoke?

Referees:

Please give the names and contact details of two referees. These should be people who have known you for at least **2 years**. They must not be related to you, e.g. your Brother, Aunt, Sister-in-law, but should be someone who can tell us about you as a person e.g. your tutor, your neighbours, your current or previous employer:

Disclosure:

Shine A Light Support Service undertakes to discuss any information revealed in a Disclosure with the person seeking voluntary work before withdrawing a conditional offer from volunteering.

Having a criminal record will not necessarily bar an ex-offender from volunteering with Shine A Light Support Service. This will depend on the nature of the position and the circumstances and background of the offence.

Rehabilitation of Offenders Act 1974

In order to protect the public, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) order, 1975. It is not, therefore **IN ANY WAY CONTRARY TO THE ACT** to reveal any information you may have concerning convictions which would otherwise be considered as "spent" in relation to this application. Any such information will be kept in strict confidence, and used only in consideration of your suitability for this post.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198? **Yes No**

Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance? Yes No

If yes, please give details:

Does your name appear on the Protection of Children Act List? Does your name appear on the Protection of Vulnerable Adults List? **Yes No**

Are you a member of the Disclosure & Barring Service (DBS) update service? **Yes No**

Commitment: We hope that you can volunteer for a long period of time and we will supply references after you have been with us for 6 continuous months.

I declare that the information given on this form is accurate to the best of my knowledge and that the voluntary placement offered will be subject to the information on this form being correct.

Signed:

Date: