



VOLUNTEER APPLICATION FORM

Title (Mrs/Miss/Ms/Mr/Other)	
Surname	
First name	
Date of Birth	
Address	
Postcode	
Contact Telephone Numbers	
Email Address	
Where did you hear about Jigsaw4u?	
Times available to volunteer	
Times available to attend training - daytime or evening?	
Tick which project you are interested in:	
Advocacy <input type="checkbox"/> Independent Visitors <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Primary School Mentor <input type="checkbox"/> Grief Support Buddies <input type="checkbox"/> Office Admin <input type="checkbox"/> Gardening <input type="checkbox"/> Young Runaways <input type="checkbox"/> One-off events <input type="checkbox"/> Fundraising <input type="checkbox"/>	

Please provide a pen picture of yourself and describe the skills & experience you could bring to your chosen project :

All people have different needs and requirements, therefore we ask you to share with us anything about yourself that will enable us to give you maximum support, including whether you have personal experience or any issues relating to the volunteer opportunities you may be interested in (<i>please continue on a separate sheet if needed</i>):

Do you speak a second language and if so, which?			
Do you hold a current driving license?	Yes		No
Do you have use of a car?	Yes		No

Please provide details of two referees for Jigsaw4u to contact. These should be people who have known you for at least 2 years, and ideally should not be family members.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
Email Address:	Email Address:
How known to you:	How known to you:

DECLARATION OF CRIMINAL CONVICTIONS

Under the Rehabilitation of Offenders Act (Exceptions) Order 1975 and the R.O.A. (Exceptions) (Amendment) Order 1986 we ask you to declare spent convictions.

Please tick the appropriate box:

- I have no criminal convictions, bind-over orders or cautions either spent or unspent.
- I have a criminal conviction/bind-over/caution as detailed below

Date(s)	Nature of conviction(s)	Sentence(s)

I give my explicit consent to the information given being:

- a. Held on file/transferred to computerised database.
- b. Used for the purposes of volunteering for Jigsaw4u

Signed: _____ Date: _____

As volunteers are in a privileged position, and have contact with young children, Jigsaw4u has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

NAME:		Date of Birth:	
Have you had any personal contact with Social Services/Social Work Department or NSPCC/Children 1 st in connection with children in your care?			YES/NO
Do you have any medical condition (physical or mental) that could affect your work as a volunteer?			YES/NO
Have you ever been dismissed from any paid or voluntary work?			YES/NO
Have you ever been convicted of any criminal offence? As our work involves helping vulnerable families with children, all criminal offences must be declared and are exempt from the provision of the Rehabilitation of Offenders Act 1974			YES/NO
Are there any matters outstanding which may lead to a criminal prosecution?			YES/NO
If you answered yes to any question please give details:			

I give permission for Jigsaw4u to carry out a police check for criminal convictions or any other checks with the Department of Health, Social Services or Department for Education. Having a criminal record will not necessarily debar you from volunteering with Jigsaw4u. This will depend upon the nature, circumstances and background of your offences.

I know of no reason why I would be unsuitable to be a Jigsaw4u volunteer.

Dated: _____

Signed: _____

CONFIDENTIAL
Equality and Diversity Monitoring

Jigsaw4u aims to provide equal opportunities and fair treatment for all volunteers and service users. Please complete the form and return it to the address below. The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998.

We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our services. If you would like the form in an alternative format or would like help in completing the form, please contact a member of staff.

Ethnicity

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2001 Census in alphabetical order.

<p>Asian</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background (please write in)</p>	<p>Black</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background (please write in)</p>	<p>Other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please write in)</p>
<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background (please write in)</p>	<p>White</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Any other White background (please write in)</p>	<p><input type="checkbox"/> Rather not say</p>

Age: _____

Rather not say

Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

Yes No Rather not say

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Rather not say	Transgender
<input type="checkbox"/> Female		<input type="checkbox"/> F to M <input type="checkbox"/> M to F

Faith

Which group below do you most identify with?

<input type="checkbox"/> No religion	<input type="checkbox"/> Hindu	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian	<input type="checkbox"/> Sikh	<input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim	<input type="checkbox"/> Other (please write in)	<input type="checkbox"/> Rather not say

Sexual orientation

How would you describe your sexual orientation?

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Heterosexual or 'straight'
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Other	<input type="checkbox"/> Rather not say

Today's date:

Thank you for completing this form.