

# Volunteer Application Form

If you need this form in other formats or if you have any other questions, contact Community Sport & Wellbeing on 01245 606979.

Personal Details	
Title:	Surname:
Present Address:	Forename(s):
	Home telephone:
	Mobile:
	E-mail:
	Date of Birth (required for applicants of school age and those who may require a DBS check for their role):
Do you have any medical conditions we need to be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'yes', please give details:	
Emergency Contact Details	
Name:	Telephone:
Relationship to you:	Mobile:
Education/Employment Details (for monitoring purposes only)	
School/College (if applicable):	School year:
Subject studying and level:	
Current Employer (if applicable):	Job Title:
Qualifications	
We have a wide range of volunteering opportunities available, and it would help us if you could give details of any relevant qualifications you have. <b>(Please note it is not essential to have sports qualifications to volunteer at sports activities)</b>	
Do you hold a sports coaching qualification? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'yes', please give details:	

Do you hold a First Aid Certificate? Yes  No

If 'yes', please give details:

Do you hold any other relevant qualifications/certificates (e.g. Safeguarding & Protecting Children)? Yes  No

If 'yes', please give details:

### **Experience**

Have you been a volunteer before? Yes  No

If 'yes', please give details:

Do you have any experience of working with young people/adults/people with disabilities? Yes  No

If 'yes', please give details:

Do you have any experience of sports coaching? Yes  No

If 'yes', please give details:

Please give details of any other experience you have (paid or voluntary) which may be relevant.

### Opportunities

Please indicate which of the following types of activity you would be interested in volunteering:

Activities for young people

Activities for adults/older people

Activities for people with disabilities

Activities for women

One-Off events

Any specific sports/events:

For information on the activities we run visit [www.chelmsford.gov.uk/csaw](http://www.chelmsford.gov.uk/csaw)

### Availability

Please indicate your availability by stating the days and times you are available below:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

School holidays

Morning

Afternoon

Evening

Term Time

### References

Please provide details of **two** people who can be contacted for information relating to your work, one of whom should be your present or most recent employer, or a teacher from your school/college.

May we approach your referees without further consent? Yes  No

#### Referee 1: Employer/Teacher

Name:

Position:

Company/Education Establishment:

Address:

Telephone:

Fax:

E-mail:

#### Referee 2

Name:

Relationship:

Address:

Telephone:

Fax:

E-mail:

**Disclosure of Criminal Convictions or Pending Criminal Prosecutions**

Voluntary appointments are covered by the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) Order 1986. You must disclose any criminal convictions, however long ago these occurred, if the application is to proceed. Some volunteer placements will be subject to a Criminal Records Bureau check.

Have you any previous unspent convictions? Yes  No

Are there any criminal prosecutions pending against you? Yes  No

If you answer 'yes' to either of the above, please give details below:

**Declaration**

I hereby give consent for personal information provided as part of this application to be processed and held in accordance with the Data Protection Act 1998.

I declare that the information given in this form is, to the best of my knowledge, correct.

Signed..... Date.....

A parent/guardian must countersign this application where the applicant is of school age:

Name.....Relationship to applicant .....

Signed..... Date.....

**Please ensure that you complete the monitoring form before returning your application (see over)**

## Confidential

This form will be used for monitoring purposes only.

### Monitoring Form

Please complete this form by ticking the appropriate boxes. The information you provide will only be used in accordance with the Data Protection Act 1998.

Chelmsford City Council is an equal opportunities employer and fully supports the principles of equality in all the services it provides. Chelmsford City Council opposes all forms of unlawful or unjustifiable discrimination, whether direct or indirect, on the grounds of colour, race, nationality, ethnic or national origin, political or religious beliefs, gender, age, marital status, sexual orientation, disability or trade union activity.

Gender: Male  Female

Marital Status: Married  Not Married

Do you consider yourself to have a disability? Yes  No

If 'yes', please give a brief description of your disability below:

Please indicate to which ethnic group to which you feel you belong:

<b>White</b>	<b>Black or Black British</b>	<b>Mixed</b>	<b>Asian or Asian British</b>	<b>Chinese or Other</b>
<input type="checkbox"/> British	<input type="checkbox"/> Black Carribbean	<input type="checkbox"/> White and Black Carribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Black African	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other ethnic group
<input type="checkbox"/> Other white	<input type="checkbox"/> Other Black	<input type="checkbox"/> White and Asian <input type="checkbox"/> Other mixed	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian	

If you ticked any 'other' boxes, please describe your ethnic background:

Surname:

Forename:

Date of Birth:

Signed:

Date:

### Return Address

Once you have completed your application form, please return it to:

Community Sport & Wellbeing, Chelmsford City Council, Civic Centre, Duke Street, Chelmsford, Essex, CM1 1JE