**Thank you for your interest in volunteering with Children 1st. Please complete this form and return it to** [**volunteer@children1st.org.uk**](mailto:volunteer@children1st.org.uk)

Data that you provide to us on this form, or is obtained from other sources relating to your application (such as references), will be used to process your application. It will be stored and processed in accordance with The UK General Data Protection Regulation (UKGDPR) and the Data Protection Act 2018.

If you do not commence volunteering with Children 1st, the information will be retained for one year after the date of application, after which time it will be destroyed.

If your application is successful, the information will form part of your volunteer file and we will process it for purposes in connection with your voluntary role.

I consent to my personal information being used for the purposes and on the terms set out above.

|  |  |
| --- | --- |
| Signed: | Date: |

You can read our Privacy Statement relating to volunteering applicants here: [www.children1st.org.uk/terms-and-conditions/privacy-policy/](http://www.children1st.org.uk/terms-and-conditions/privacy-policy/)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Volunteer Role:** | | |  | | | **Location:** | |  | | | |
|  | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | |
| **Title:**  *e.g. Mr, Mrs* | | |  | | | **Date of Birth:** | |  | | | |
| **Contact Details**  By supplying your contact details you agree that we can contact you with volunteering related communications. We will use email to contact you whenever possible as it helps us to minimise costs. | | | | | | | | | | | |
| **Address:** | | |  | | | **Home Telephone:** | |  | | | |
| **Mobile No.** | |  | | | |
| **Postcode:** | | |  | | | **Email Address:** | |  | | | |
|  | | | | | | | | | | | |
| **Have you previously been involved with Children 1st (for example, volunteered, held a paid role or used one of our services)?** (please circle) | | | | | | | | | | **Yes** | **No** |
| If yes, please give basic details, including role, location and dates: | | | | | | | | | | | |
| **How did you learn about this vacancy?** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Relevant Experience:** | | | | | | | | | | | |
| This could be from paid work, voluntary roles, training or other personal experiences, e.g. from your childhood, family circumstances or being a parent. Please continue on a separate sheet if required. | | | | | | | | | | | |
| **Why do you want to volunteer with Children 1st?** | | | | | | | | | | | |
| Please continue on a separate sheet if required. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **References**  Please give contact details for two references. These should be people who know you well either professionally or personally, e.g. a current or previous employer, a college lecturer, support worker or a close friend. Neither of your references should be family members. If you require support identifying a suitable reference, please contact us. | | | | | | | | | | | |
| Name: | | |  | | | Name: | | |  | | |
| Address: | | |  | | | Address: | | |  | | |
| Email: | | |  | | | Email: | | |  | | |
| Phone No.: | | |  | | | Phone No.: | | |  | | |
| How do they know you? | | |  | | | How do they know you? | | |  | | |
|  | | | | | | | | | | | |
| **Please inform us about suitable dates/times for interview:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Please inform us if you have any accessibility requirements:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Please indicate your availability for training (tick all that apply):**  Daytime:  Evening:  Weekend:  Comments: ……………………………………. | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Availability for volunteering (Please Tick)** | | | | | | | | | | | |
|  | Morning | | | Afternoon | Evening | Comments | | | | | |
| Mon |  | | |  |  |  | | | | | |
| Tues |  | | |  |  |  | | | | | |
| Wed |  | | |  |  |  | | | | | |
| Thurs |  | | |  |  |  | | | | | |
| Fri |  | | |  |  |  | | | | | |
| Sat |  | | |  |  |  | | | | | |
| Sun |  | | |  |  |  | | | | | |
|  | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | |
| I declare that the information provided in this form is, to the best of my knowledge, true and correct. | | | | | | | | | | | |
| Signed: | |  | | | | Date: |  | | | | |

Please ensure you also complete:

* Criminal Convictions Declaration Form
* Equal Opportunities Monitoring Form

And return all three to [volunteer@children1st.org.uk](mailto:volunteer@children1st.org.uk)