



# Volunteer Application Form

<b>Personal Information</b>	
First name:	Surname:
Date of birth:	Gender:
Home address:	
Post code:	
Home telephone:	Mobile:
Email address:	

<b>Volunteering opportunities</b> (Please indicate all those that interest you)	
<b>Working directly with young carers:</b>	<b>Not working with young carers:</b>
Befriending 8-12 year olds	Fundraising
Befriending 13-17 year olds	Training other volunteers
Trips/activities supervising	Other (please specify)

<b>Availability</b>					
Times available (please mark all that apply):					
Afternoons after school	Evenings	Weekend daytimes	Weekend evenings	School holiday daytimes	School holiday evenings

Days available (please mark all those that apply):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How much time (hours) could you offer to Be Free YC on a regular basis?

**Employment and experience**

Are you in full or part time employment/ education/ retired/ not working? Please detail:

Please detail your previous employment and volunteering experience:

Please detail your reasons for wanting to volunteer for Be Free YC:

**Training and knowledge**

Please detail any relevant qualifications and training courses you have attended:

Specialist knowledge (e.g. behaviour management, special needs awareness, play/activities etc.):

Other skills, hobbies and interests which may be useful for a role with Be Free YC:

**Health Conditions** The purpose of this disclosure is to determine whether you will be able to perform the tasks you are volunteering to do without risk to yourself or others (especially if you are involved in befriending) and whether the role you would like to undertake may have any negative impact on your health. Where there are concerns about your health, or the effect that volunteering may have on it, we will discuss this with you. It may be that together we consider reasonable adjustments (accessibility and support) that would assist you in fulfilling the role to the best of your ability. **Any information disclosed will not be used to discriminate against you in your application.**

Do you have any health conditions or a disability that might compromise your ability to carry out your role in a competent and safe manner or that carrying out your role might impact negatively? If so, please provide details.

How did you hear about Be Free Young Carers?

**References**

Please supply details of two referees who have known you well for two or more years. This could be a previous or current employer, neighbour, or a volunteering project coordinator. A referee cannot be a relative. One referee should be from when you most recently worked with young people, if applicable.

Name:	Name:
Relationship to referee:	Relationship to referee:
Position:	Position:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

**Declaration and consent**

As volunteers are in contact with children and vulnerable families, we have a responsibility to ensure that no one becomes a volunteer who would misuse the trust we place in them.

A DBS (Disclosure and Barring Service) check will only be carried out if you are considered to be a suitable candidate and are being offered a volunteer role by Be Free Young Carers. You must tell us now if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You must tell us about all offences and spent convictions; if you leave anything out it may affect your application.

Have you had any personal contact with the police, social services or NSPCC in connection with children in your care?	Yes	No
Have you ever been the subject of an abuse investigation which alleged you were the perpetrator of any adult or child abuse?	Yes	No
Have you ever been dismissed from any paid or voluntary work?	Yes	No
Have you ever been convicted of a criminal offence or cautioned by the police for an offence?	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 overleaf. →

Details relating to questions on previous page, please give as much detail as you can (if not applicable, please leave blank)

I give permission for the Volunteer Coordinator of Be Free Young Carers to carry out an enhanced DBS check for criminal convictions. I know of no reason why I would be unsuitable to be a Be Free Young Carers volunteer, and the information I have provided on this form is complete and accurate to the best of my knowledge.

Signed:

Dated:

OR if emailing please 'X' this box

**Please return this form by email to [hilary.hutchinson@befreeyc.org.uk](mailto:hilary.hutchinson@befreeyc.org.uk)**

**or by post to:** Be Free Young Carers  
Harwell Innovation Centre  
173 Curie Avenue  
Didcot, OX11 0QG