**

**Volunteer Application Form**

**C o n f i d e n t i a l**

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous work experience: (Highlight any experience of working with children).

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Why do you want to work with children?

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Have you previously been involved in voluntary work? Yes No

If yes, give details (with dates if possible)

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Do you have any spare time hobbies, interests or activities?

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Any other relevant information? *(E.g. any medical conditions or allergies you may have)*

Please provide names and addresses of two people whom we could contact for reference (not relatives)

FIRST REFEREE

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECOND REFEREE

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

I consent to Access NI Vetting being undertaken for the role for which I have applied.

Have you ever been convicted of a Criminal offence or been the subject of a caution or bound over order? YES NO

If yes, please list below the nature and date(s) of the offence.

Nature of offence Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The Church has a policy on the recruitment of ex-offenders which is available from a member of the parish panel on request.

AccessNI has a Code of Practice, which all organisations registered with ANI under Section 120 of the Police Act 1997 must adhere to. The Code of Practice can be found at the following link:

https://www.nidirect.gov.uk/publications/accessni-code-practice or a copy will be supplied to you by a member of the parish panel on request.

The church has a policy on the Secure Handling, Use Storage and Retention of Disclosure Information which is available from a member of the parish panel on request.

I confirm that nothing in my personal or professional background deems me unsuitable for a post, which involves working in regulated activity with children. (A criminal record will not necessarily prevent you from working in this role)

**Signed (Applicant)**

**Date**

**FOR PARISH PANEL USE ONLY**

APPLICATION FORM COMPLETE

REFERENCES RECEIVED 1 2

FOLLOWED BY TELEPHONE CALL 1 2

Date application form received

INTERVIEW BY PANEL:

1. Name:

2. Name:

3. Name:

Date of interview:

RECOMMENDATION: APPROVED / NOT APPROVED / DEFERRED

Main reason for recommendation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VETTING INVITATION FORM COMPLETED

Identify verified by incumbent and 2 forms of Identification on file

Access NI vetting disclosure received

APPOINTED – No information on Vetting Disclosure to debar appointment

NOT APPOINTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_