**VOLUNTEERING WITH MIND & CELLAR TRUST IN BRADFORD**

Thank you for your interest in volunteering. This form is to find out a little bit more about you and why you want to become a volunteer, so please give us as much detail as possible.

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| --- | --- | --- | --- |
| **Volunteer role applied for:** | | | |
| Crisis Hub Volunteer **☐**  Crisis Café Volunteer **☐**  Children & Young People (CYP) Overnight Stay Facilitator **☐** | | | |
| Contact and personal details | | | |
| Surname: | Forename/s: | | |
| DOB: |  | | |
| Address:  Postcode: | | | |
| Daytime Phone: | Evening Phone: | | |
| Mobile: | Email: | | |
| Do you have use of a car? Yes **☐**  No **☐** | Do you hold a valid driving licence? Yes **☐** No **☐** | | |
| Do you have a current DBS Certificate for child & adult workforce? Yes **☐** No **☐** | | | |
| Are you registered with the DBS update service? Yes **☐** No **☐** | | | |
| References | | | |
| Please give names and addresses of two referees - one must be your current or most recent employer. Please indicate capacity in which you are known to them i.e. current or past employer. If you have not had two employers, references can also be taken from voluntary work or eductation e.g. tutors.  Referees cannot be family members. | | | |
| Name: | | Job Title: | |
| Address: | | Phone: | |
| Email: | | Relationship to you: | |
| Name: | | Job Title: | |
| Address: | | Phone: | |
| Email: | | Relationship to you: | |
| Your Signature: | | | Date: |

**1. Have you been a volunteer before?** YES **☐** NO **☐**

**If yes, please provide a brief description of the role and the organisation you volunteered for:**

**2. If you have a visual impairment or a disability that may require additional support, please indicate here and we will discuss this with you.**

**3. Please tell us about any skills and experience that might be relevant to your work as a volunteer. E.g. Safeguarding, Administration, Listening.**

***(Please include languages you speak here).***

**4. Please provide details of any training and qualifications relating to the role. E.g. First Aid, Food Hygiene etc.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school, college, university or training body | Dates | Title of course / subject | Level | Result or grade |
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**5. Please provide details of your interests and hobbies?**

**Further Information:**

All posts are subject to a three month probationary period.

After 12 months, your position will come to an end, however you will be able to re-apply.

**Disclosure & Barring Service (DBS) Check Declaration:**

In order to ensure we safeguard the people that we support, we are committed to DBS checking our volunteers.

Do you have any unspent conditional cautions or convictions under the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020.?

Yes **☐** No **☐**

Do you have any adult cautions (simple or conditional) or spent convictions that are not defined as protected by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?

Yes **☐**  No **☐**

**If you have answered yes to either of the above, please give details below:**

**Code of Conduct**

Mind in Bradford want to ensure you feel supported during your volunteering with us. We will provide all information required whilst volunteering with us, including policies. We will be on hand to support, guide and help with any queries, concerns and issues that arise.

We ask all volunteers to read, sign and agree to our [Code of Conduct](file:///S:\Volunteer\Forms\Volunteer%20Applications\Code%20of%20Conduct%20Volunteers%202022\Code%20of%20Conduct%20Volunteers.docx).

Please tick the box below to confirm you have read, understood and agree with our Code of Conduct.

Yes, I accept the Code of Conduct ☐

**Privacy Notice**

Mind in Bradford will use your personal information to communicate with you, in ways you have agreed to. This is explained in our Privacy Notice, along with how we use information you share with us.

[MiB Privacy Notice](https://mindinbradford-my.sharepoint.com/:w:/g/personal/donna_mindinbradford_org_uk/Ee2rgE0AOHpCs1VC8xPVkvwBcxRrRy8_Vg5ksqeMlINMuw?e=6Gcqxm)

Please tick the box below to confirm you have read, understood and agree with our Privacy Notice:

**Yes, I accept the Privacy Notice ☐**

\*If you wish to change any preferences or request to stop receiving communications, please contact the office on 01274 730815 or email [admin@mindinbradford.org.uk](mailto:admin@mindinbradford.org.uk).

I declare that the information I have given on this form is correct and that any misrepresentation by me may be sufficient grounds for my dismissal if I am accepted as a volunteer. I give my permission for my references given to be contacted.

**Your Signature: ………………………………………….....................................**

**Date: ……………………………………………………………………………..**

**Thank you for completing this form.**

Please email your completed application form to [Volunteering@mindinbradford.org.uk](mailto:Volunteering@mindinbradford.org.uk), post or drop in to: *Mind in Bradford, Kenburgh House, 28 Manor Row, Bradford, BD1 4QU*

Once complete, this form will contain personal and sensitive information about you and your referee. ***Email cannot be guaranteed as secure, as email messages can be deliberately intercepted or accidentally misdirected.***