**VGN. 4**

**CONFIDENTIAL GROUP VOLUNTEER APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Telephone Number:** |  |
| **Address:** |  | **Mobile Number:** |  |
| **Post Code:** |  | **E-mail Address:** |  |

**ROLE YOU ARE APPLYING FOR:** Leatherhead [ ] Kingston [ ] Online [ ] Any [ ]

How did you hear about Dyscover? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR AVAILABILITY**

Tuesday AM [ ] PM [ ] Wednesday AM [ ] PM [ ] Thursday AM [ ] PM [ ]

**How long are you looking to volunteer for?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS WORK EXPERIENCE – OR ATTACH C.V. (Please continue on a separate sheet if necessary)**

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**WHY DO YOU WISH TO VOLUNTEER WITH DYSCOVER?**

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**HOW ARE YOUR SKILLS AND EXPERIENCE RELEVANT FOR THIS ROLE?**

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**HAVE YOU ANY OTHER HOBBIES AND INTERESTS RELEVANT FOR THIS ROLE?**

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**IF YOU HAVE A DISABILITY PLEASE TELL US ABOUT ANY ADJUSTMENTS WE MAY NEED TO MAKE TO ASSIST YOU AT THE INTERVIEW**

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**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES / NO**

(please circle)

If ‘yes’ please disclose any criminal convictions. Note that because you may be in regular contact with vulnerable adults the Exemptions Order of the Rehabilitation Act 1974 applies and you will be required to disclose unspent and spent convictions.

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**DBS**

All offers of voluntary work will be subject to a satisfactory Disclosure and Barring Service (DBS) check.

We may need to carry out this check if you are offered the role and have not had a satisfactory check within the past 3 years.

**Do you have an Enhanced DBS check (for working with adults) that was completed within the last 3 years?**

**YES / NO (please circle)**

**REFERENCES**

Please give the name and address of 2 people from whom we can obtain a reference.

|  |  |  |  |
| --- | --- | --- | --- |
| (1) Name: |  | (2) Name: |  |
| Address: |  | Address: |  |
| PhoneNumber: |  | Phone Number: |  |
| Email: |  | Email: |  |

Ideclare that the above information is correct.

**SIGNED ………………………………………………. DATE ……………**