

**FAMILY VOLUNTEER APPLICATION FORM**

 **Confidential**

If you have difficulty in completing this form, please ask your Home-Start Coordinator for assistance.

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| Name: |  |
| Address (including postcode): |  |
| Home telephone number: |   |
| Mobile telephone number: |  |
| Email address: |  |
| Date of birth: |  |
| Emergency contact name and phone number: |  |
| **References:** Please give the name and address of **two** referees whom you have known for a minimum of two years (not a relative). Please include at least one professional reference (previous employer wherever possible; alternatively school, college or other professional, such as a religious leader or a volunteer supervisor) who may be contacted by Home-Start.**Please ask permission prior to giving referee details and confirm their full address with them.** |
| **Referee 1:**Name:Address:Email:Telephone:Time you’ve known this person:In what capacity?: | **Referee 1:**Name:Address:Email:Telephone:Time you’ve known this person:In what capacity?: |

**We would like to get a picture of your past experience** *(please tick all that apply*):

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| Working full time |  |
| Working part time  |  |
| Seeking work |  |
| Retired |  |
| Student |  |
| Not seeking work |  |
| Volunteering for another organisation? |  |

**Please give us details of any relevant employment or volunteering experience, starting with the most recent** *(attach an additional sheet if required*):

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| **Organisation name** | **Role title** | **From** | **To** | **Brief description of duties** |
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| **Home-Start ask for a minimum commitment of two hours per week on a regular basis for at least one year.** |

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| **Please choose options to reflect your own parenting experience:***(please tick all that apply)***:** |
| Parent | Step-parent | Foster carer | Other |
| Please specify:  |
| Please give dates of birth of children: |
| What do you/did you find enjoyable about parenting/parenting experience?: |
| What do you/did you find challenging?: |
| What are your interests?: |
| **What volunteering opportunities are you interested in?:** |
| Home visiting | Admin | Groupwork | Other |
| **Transport** *(please tick all that apply)***:** |
| Car owner | Access to a car | On public transport route | Not on public transport route |
| If using a car for volunteering, do you have a clean driving licence? **YES/NO** | Other:  |

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| Have you any skills or personal/work experiences that you would like to tell us about which may be relevant to your role as a volunteer for Home-Start? *(Please tick that apply):* |
| **Skills** | **Personal/work experience** |
| Budgeting/finance/benefits |  | Post natal depression/other mental health issues |  |
| Cooking |  | Domestic abuse |  |
| DIY |  | Divorce/separation/lone parent |  |
| Committee work |  | Bereavement |  |
| Retailing |  | Counselling |  |
| Languages (including sign) |  | Disability |  |
| Listening/counselling |  | Housing/homelessness |  |
| Child development |  | Substance misuse |  |
| Other *(please specify):* | Advocacy/advice |  |
| Childcare |  |
| Education |  |
| Health |  |
| Social care |  |
| Other *(please specify*): |

**First language spoken:**

**Any additional languages spoken:**

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| **What are your reasons for volunteering for Home-Start** (*please tick all that apply):* |
| To gain new skills/experience in order to find employment |  |
| To gain new skills/experience in order to change employment |  |
| To access training opportunities |  |
| For the opportunity to give something back |  |
| To be involved in the community |  |
| For the opportunity to work with children and families |  |
| Due to empathy with difficulties of family life |  |
| Received support as a Home-Start family yourself |  |
| Student placement |  |
| Other (*please specify):*  |

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| **Is there any other information you would like to add?** |

Home-Start volunteers are in a privileged position, visiting families in their own homes with close contact with young children. Home-Start has a responsibility to ensure that no one becomes a volunteer who might misuse this trust. Therefore, it is essential that you complete and sign this form - thank you.

For further information, please contact Disclosure Scotland at: [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk)

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| Name: | **YES** | **NO** |
| Have you had any personal contact with Social Work Services in connection with children in your care? Have any of your children been placed on a Child Protection Register, subject of a supervision order or integrated/common assessment framework? |  |  |
| Do you consider yourself to have a disability or health condition and, if so, what adjustments could Home-Start provide to enable you to volunteer? Please provide details (*continue on a separate sheet if required).* |  |  |
| Have you been dismissed from any paid or voluntary work? |  |  |
| Have you ever been arrested or had contact with the police for any type of criminal offence? |  |  |
| Are there any matters outstanding which may lead to a criminal prosecution? |  |  |
| If you answer ‘yes’ to any question, please give details:If you do not declare existing or spent cautions or convictions, you may not be selected. However, if you do declare any of the above, it may still be possible to become a volunteer. |
| I know of no reason why I would be unsuitable to be a Home-Start volunteer. I will report any changes in my circumstances which may affect my role (*eg. child/ren in care/criminal proceedings brought against me etc.*) | **YES** | **NO** |

I give permission for Home-Start to carry out a PVG check at enhanced level.

I understand that I will need to produce ID for identification purposes, including address verification.

I understand that Home-Start may personal information about me in paper records and on their computer, including sensitive information such as age, race, sex and disabilities that they will use for their monitoring purposes. I agree to them holding this information and understand that it may be shared with Home-Start UK for quality assurance, evaluation and monitoring purposes.

I understand that I may ask to see my records at any time.

Signed: …………………………………………………………. Date: ………………………….

As you will joining the Protection of Vulnerable Groups scheme, details of any criminal convictions or cautions found will be passed onto Home-Start Deeside, Alford and Strathdon. Therefore, it is important that you highlight any issues we need to be aware of on your application form.

If something is highlighted on your disclosure, we will discuss this with you in confidence. Following the meeting, a decision will be made regarding whether we can proceed with your application.

If you have any concerns, please discuss this further with Leah Bruce, Scheme Manager, Home-Start Deeside, Alford and Strathdon (phone number 07741 554675).

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| **For office use only**Interview date: |
| Reference requested: | 1. (date)
 | 1. (date)
 |
| Reference received:  | 1. (date)
 | 1. (date)
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| PVG requested:  | Date received:  | No. |
| Recruitment date: | Prep. Course start date: |
| Prep. Course completion date: |
| Safeguarding and promoting welfare of children code of conduct signed (date):  |
| Information given re health and safety, personal safety  |