**Young Carers Volunteer Application Form**

**Personal Details**

First Name: …………………………………….….…………. Last Name: ………………………………………………………………

Telephone: ……………………………………………………. Mobile: …………………………………………………………………….

Email: ………………………………………………………………………………………………………………………………………………….

Address: ……………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………… Postcode: ……………………………………………..

Occupation: ………………………………………………………………………………………………………………………………………..

Do you have a full UK driving licence? Y/N Do you have access to a car? Y/N

What kind of volunteering are you interested in?

Young Carers (5-12yrs) evening groups Young Carers (12-18yrs) evening groups

Young Carers (5-12yrs) activity days Young Carers (12-18yrs) activity days

How did you hear about us? ……………………………………………………………………………………………………………….

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Please tell us your reasons for wanting to volunteer with Norfolk Family Carers:

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**Availability**

When are you available to volunteer?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Please give details of any specific date requirements: ………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………….

How many hours a week (approximately) would you like to volunteer? ……………………………………………..

Please give details of any current or past relevant experience you have had (paid or voluntary, work or education):

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What are your hobbies and interests? ………………………………………………………………………………………………..

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**Criminal Convictions**

If you have been convicted or cautioned you may still be eligible for appointment depending on the nature and circumstances of the offence. However, failure to disclose details will count against you.

Have you ever been cautioned or convicted of a criminal offence? Y/N

Have you ever been involved in any other criminal investigation? Y/N

Have you been charged/ summonsed for any offences that have not yet been dealt with? Y/N

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 provides exemption from the general provision of Section 4(2) of the Substantive Act for this post. You are therefore not entitled to withhold information about convictions, which for other purposes are ‘spent’ under the provisions of the Act and you must disclose any criminal convictions that you have. Any information given will be completely confidential and used solely for the purposes of assessing your suitability for employment.

**If you need to make a disclosure please do so and place it in an envelope marked Disclosure, Private and Confidential and write your name in top right hand corner. Then submit with your application.**

**References**

Please provide the name and address of two references. Both referees should be from your current or most recent employer or if you are a school or college leaver a form teacher or tutor.

Name: …………………………………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………… Postcode: …………………………………..

Tel. no: ……………………………………………………………. Email: ………………………………………………………………………

Relationship to you: ……………………………………………………………………………………………………………………………

How long have you known this person? ………………………………………………………………………………………………

Name: …………………………………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………… Postcode: …………………………………..

Tel. no: ……………………………………………………………. Email: ………………………………………………………………………

Relationship to you: ……………………………………………………………………………………………………………………………

How long have you known this person? ………………………………………………………………………………………………

**Declaration**

I certify that all of the above information is true to the best of my knowledge and belief.

I understand that should I become a volunteer I will not divulge any information I receive which may be confidential.

I agree to contact the office or Norfolk Family Carers staff member if I cannot make an appointment.

I agree to comply with Norfolk Family Carers policies and procedures.

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

Full name (printed): …………………………………………………………………………………………………………………………….

Thank you for completing this form. Please return to either: alison.easton@norfolkfamilycarers.org or Norfolk Family Carers, First Floor, 36 St Giles Street, Norwich, NR2 1LL.