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## **VOLUNTEER APPLICATION FORM**

<b>SURNAME:</b>	
<b>FORENAMES:</b>	
<b>ADDRESS:</b>	
<b>POSTCODE:</b>	
<b>EMAIL:</b>	
<b>TELEPHONE NUMBERS:</b>	<b>HOME:</b>  <b>BUSINESS:</b>  <b>MOBILE:</b>
<b>SCHOOL/COLLEGE ATTENDED</b>	

**HOW DID YOU HEAR OF CHRISTIAN FAMILY CONCERN?**

**WHY WOULD YOU LIKE TO BECOME A CHRISTIAN FAMILY CONCERN VOLUNTEER?**

**WHAT SORT OF VOLUNTARY WORK ARE YOU INTERESTED IN?**

**HAVE YOU ANY SKILLS OR PERSONAL EXPERIENCES WHICH MAY BE RELEVANT TO YOUR ROLE AS A VOLUNTEER FOR CHRISTIAN FAMILY CONCERN.**

**PLEASE GIVE DETAILS OF ANY VOLUNTARY/PAID WORK YOU HAVE DONE.**

**WHAT ARE YOUR HOBBIES AND LEISURE INTERESTS?**

**DO YOU HAVE ANY DISABILITIES THAT MIGHT AFFECT YOUR APPLICATION?**

**YES/NO**

**PLEASE TELL US IF:**

- a. THERE ARE ANY REASONABLE ADJUSTMENTS WE CAN MAKE TO ASSIST YOU IN YOUR APPLICATION**
  
- b. THERE ARE ANY REASONABLE ADJUSTMENTS WE CAN MAKE TO THE VOLUNTARY ROLE ITSELF TO HELP YOU CARRY IT OUT.**

**IS THERE ANY INFORMATION YOU WOULD LIKE TO ADD?**

## REFERENCES

Please give details of two people (**not relatives**) we could approach for references. Your referees should be people who have known you for more than one year. An offer to become a Volunteer for Christian Family Concern will be conditional upon receipt of satisfactory references, Ofsted, Criminal Records Bureau clearance and, if appropriate, health checks.

**1. NAME:**

**2. NAME:**

**ADDRESS:**

**ADDRESS:**

**POSTCODE:**

**POSTCODE:**

**TELEPHONE NO:**

**TELEPHONE NO:**

**EMAIL:**

**EMAIL:**

**PLEASE INDICATE RELATIONSHIP:**  
(Tutor/Minister/etc)

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## REHABILITATION OF OFFENDERS ACT

AS CHRISTIAN FAMILY CONCERN WORKS WITH CHILDREN OUR VOLUNTARY ROLES ARE EXEMPT FROM THE NOTION OF OFFENCES BEING 'SPENT' (REHABILITATION OF OFFENDERS ACT 1974).

YOU MUST, THEREFORE, DISCLOSE ANY CRIMINAL CONVICTIONS, INCLUDING SPENT CONVICTIONS, SUSPENDED SENTENCES AND BIND OVER ORDERS.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?  
(IF YES YOU WILL BE ASKED TO SUPPLY DETAILS)

**YES**

**NO**

I UNDERSTAND THAT I WILL BE REQUIRED TO COMPLETE A DISCLOSURE FORM FOR THE CRIMINAL RECORDS BUREAU.

## DECLARATION

I declare that the information contained in this form is to the best of my knowledge, true and complete and acknowledge that if it is false or misleading this may make any offer of employment invalid or lead to termination of employment.

**SIGNATURE:** ..... **DATE:** .....

## DATA PROTECTION ACT 1998

The information you supply in this application form and supporting documents will be stored and processed by Christian Family Concern. Christian Family Concern requires the data for operational, managerial and associated purposes related to your role as a Volunteer and to process your application. All information will be kept confidential and stored in the Christian Family Concern office.

I give my consent for Christian Family Concern to store and process the information I have provided for the purposes as stipulated and to make any further enquiries considered necessary in pursuing my application to become a Volunteer or during my continued voluntary role within the charity.

**SIGNATURE:** ..... **DATE:** .....