



CONFIDENTIAL

VOLUNTEER APPLICATION FORM
for projects run by the FSN
Telephone: 01424 423683

Confidential Because of the nature of the services undertaken at our projects all applicants must fully complete all questions. All information given will be treated in the strictest confidence. Please use additional paper if you need to.

SURNAME :		Preferred Title: MR / MRS / MISS/ MS	
FORENAME(S)			
ADDRESS:			
			POST CODE:
Telephone No:	HOME	MOBILE:	
Email:			

Please give your last three addresses during the past 5 years:

From.....To.....	From.....To.....	From..... To.....

List of paid or voluntary work during the past five years and qualifications obtained

Name of firm/organisation	From	To	Qualifications



Any other Qualifications, experience or training relevant to a voluntary role

Please tell us of any relevant skills relating to volunteering/supporting children and their families

REFERENCES Please give the names and addresses of two people who will act as referees for you as a Volunteer whom we have your permission to contact, if possible, a former employer if any. (these people should not be related to you e.g. parents, family, partner) or a character reference from a professional, for example; Vicar, Doctor, teacher (including Nursery Managers), solicitor or Health visitor

	First referee		Second Referee
Name		Name	
Occupation		Occupation	
Organisation		Organisation	
Address		Address	
Post Code		Post Code	
Telephone No		Telephone No	

(If you are offered the role of a volunteer for FSN we will wish to personally contact at least one of your referees by phone concerning any reference provided)



Please indicate which day(s) you are available for volunteering. Please tick beside the relevant day/time(s)

TERM TIME

Monday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Tuesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Wednesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Thursday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Friday	AM <input type="checkbox"/>	PM <input type="checkbox"/>

SCHOOL HOLIDAYS/HALF TERMS

Monday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Tuesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Wednesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Thursday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Friday	AM <input type="checkbox"/>	PM <input type="checkbox"/>

Please use the space below to give us any information that you feel is relevant to your application for volunteering (carry on extra page if necessary)

DO YOU HAVE A DISABILITY OR HEALTH CONDITION THAT WOULD MEAN FSN MAKING REASONABLE ADJUSTMENT FOR YOU TO ATTEND FSN'S BUILDINGS TO TAKE YOUR APPLICATION FURTHER	YES <input type="checkbox"/> NO <input type="checkbox"/>
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As a disability symbol employer this information is needed so that all disabled applicants who meet the minimum criteria are offered an interview.

NATIONAL INSURANCE NUMBER:

DO YOU HOLD A CLEAN AND FULL CURRENT DRIVING LICENCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES PLEASE STATE THE TYPE OF LICENCE YOU HOLD	



CRIMINAL RECORD CHECKS The Fellowship of St. Nicholas (FSN) aims to promote equality of opportunities for all with the right mix of talent, skills and potential. FSN welcomes applications from diverse candidates. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. (Having an 'unspent conviction will not necessarily bar you from volunteering, however, this will depend on the circumstances and background of your offence(s).

As FSN meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, **all volunteers who are offered a volunteer role** will be subject to enhanced criminal record check from the Disclosure & Barring Service before being accepted. This will include details of cautions, reprimands or final warnings, as well as convictions.

Have you been convicted of a criminal offence by a Court of Law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If **YES**, please give details of offence/s including dates (this will not necessarily debar you from becoming a volunteer).

Have you received a reprimand or formal caution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If **YES**, please give details of offence/s including dates (this will not necessarily debar you from becoming a volunteer).

If you have been convicted of a Criminal Offence are you Disqualified from volunteering where there are children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you are Disqualified you may **not** apply to become a volunteer with the Fellowship of St. Nicholas

Do you presently hold a Disclosure & Barring Service Form? If so, please give the number.	F Issue Date:
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Signed:..... **Date**.....
(Please sign above whether you have answered Yes or No)



ADDITIONAL INFORMATION Please explain below why you are interested in becoming a volunteer for the Fellowship of St Nicholas

Should you know which service you would like to volunteer in please indicate.

I WOULD LIKE TO VOLUNTEER IN THEPROJECT
(PLEASE STATE)

I confirm that the information I have given on this form is true and accurate and I understand that any false information could lead to immediate dismissal from any role with the Fellowship of St. Nicholas.

We recommend that if you are in receipt of state benefits, you tell the Benefits Agency that you are doing voluntary work and receive 'out of pocket' expenses only.

Signed **Date**

The completed Application Form should be returned to: The Fellowship of St. Nicholas,
St. Nicholas Centre, 66 London Road, St. Leonards on Sea, East Sussex, TN37 6AS.
or email: enquiries@fsncharity.co.uk



Please note those Application Forms and Enclosures of unsuccessful applicants will be retained by FSN for 6 months and will then be shredded