St Albans Child Contact Centre
www.stalbanschildcontactcentre.org.uk
info@stalbanschildcontactcentre.org.uk

Application Form for Child Contact Centre Volunteers

St Albans Child Contact Centre Mission Statement

To keep children in touch with parents following separation in a safe environment because we believe that parenting shouldn't end when relationships do. Children are the most important people involved in our Contact Centre and we provide a fun, friendly, trusting and confidential environment for families to meet.

STRICTLY CONFIDENTIAL

Surname: …….…….. Forenames: ……

Address: ……

Post Code: …… Email: ……

Phone Home: ……. Phone Mob …….

DoB: ……

When would you be available to start volunteering at our Centre?: ……

Referees

Please provide the names and addresses of two referees. They should not be directly related to you and should be over 18 years of age. You should have known them reasonably well for at least two years on a personal level and one of the referees should be somebody who knows you professionally.

1. Name:	2. Name:
Address:	Address:
Phone:	Phone:
How do they know you?	How do they know you?

Health

In relation to Health & Safety, it is important that we know if there are any aspects of volunteering at our Centre that you would not be able to cope with. An impairment or health problem does not necessarily exclude you from volunteering at the Centre. All information given will be treated with the strictest confidence.

Are you registered disabled? Yes No

If yes, what is the nature of your impairment?……
……..
……..

Are there any other health matters that we should be aware of?

……

……

It is important that you inform us if you should suffer from any illness in the future that may affect your ability to volunteer for the organisation or that would put others at risk.

REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

Because the voluntary work for which you are applying involves working with children we are obliged to ask you, in connection with your Application, to disclose any convictions you may have. Under the conditions of the above Order, you are not entitled to withhold information about convictions which otherwise might be considered spent. A prior criminal conviction may not prevent you from volunteering at our Centre, but failure to disclose relevant convictions in full will result in immediate suspension pending investigation.

Please give below details of any convictions you may have. This information will be treated as strictly confidential but you should be aware that any offer of voluntary work made will be subject to a satisfactory Disclosure and Barring Service check.

Have you ever been convicted by a court of a criminal offence? If yes, please give details including dates and court where convicted	Yes ☐	No ☐
Are you subject to any current or outstanding disciplinary procedures or legal action? *If Yes, please give details.*	Yes ☐	No ☐
Disclosure and Barring Service (DBS) I am happy to complete a Disclosure Application Form to enable an Enhanced DBS check to be undertaken. Signed…… Date……		

I declare that the information given is true and complete. I understand that any wilful mis-statement or omission may render me liable to dismissal.

Signed: …… Date: ……

Please return this completed Volunteer Application Form to: St Albans CCC, Censeo House, 6 St Peters Street, St Albans AL1 3LF, or email address above.

The following questions are optional – but it would really help us to know more about you.

Employment Status (please tick)			
Not currently seeking employment		Retired from employment	
Unemployed but seeking employment		In full time employment	
In secondary / higher education		In part time employment	
Involved in training scheme		Duke of Edinburgh	
Self employed		New deal	
Prince's Trust		School / college placement	
Other			

What experience and skills do you bring to our Child Contact Centre? (please tick)							
Administration		First Aid		Training		Clerical	
Caring for others		Fundraising		Public Relations		Finance	
Catering		Health & Safety		Secretarial		Information Technology	
Organisational		Working with children		Legal			
Other (please detail)							

Are there any skills you wish to develop / learn? ……

Have you any relevant qualifications or training?

What special interests / hobbies do you have?

Please give details of any other voluntary organisation for whom you have volunteered, with details of your experience and the dates involved:

Voluntary organisation	Date from	To	Position and responsibilities

How did you hear about volunteering at a Child Contact Centre?

St Albans Child Contact Centre

Equal Opportunities Monitoring Form

The St Albans Abbey Mothers Union Child Contact Centre has an equal opportunities and diversity policy. In order to check the working of this policy the St Albans Abbey Mothers Union Child Contact Centre records the information given below for statistical analysis and policy consideration only. This form will be detached from the application form as soon as the envelope is opened, and filed separately. Completion of this form is not compulsory.

We would be grateful if you could complete the details listed below by highlighting or ticking those that apply to you. If you feel unable to answer any part of this form, please leave blank.

1. I am: Male Female

2. I would describe my ethnic origin as:

- ❑ White
- ❑ Mixed
- ❑ Indian
- ❑ Pakistani
- ❑ Bangladeshi
- ❑ Other Asian
- ❑ Caribbean
- ❑ African
- ❑ Other Black
- ❑ Chinese
- ❑ Other ethnic group
- ❑ Not known

3. My age is:

- ❑ 21 or under
- ❑ 22-30
- ❑ 31-40
- ❑ 41-50
- ❑ 51-60
- ❑ 61-64
- ❑ 65 or over

4. Do you have an impairment we will need to support you with?

- ❑ Yes
- ❑ No

5. Where did you see this post advertised? ……