

**Volunteer Application Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **About You** | | | | | |
| Full name | | Address | | | |
| Phone number | | | | | |
| Mobile number | | | | | |
| E-mail address | | | | | |
| **How did you hear about volunteering with us?** | | | | | |
| **About the role** | | | | | |
| Tick what area(s) of Changing Lives Charity you would like to volunteer?   * Andrew House * Volunteer Plus Programme * Warehouse * Kenn Rd * Pop up shop | | What specific Role(s) would you like to apply for? | | | |
| Certain roles will be subject to DBS Check | | | | | |
| **Occupation/Voluntary experience(past or present):** | | | | | |
| **Qualifications -***please enter any academic or vocational qualifications that you hold:* | | | | | |
| **Please add a copy of your CV if you have one - This is helpful as we continue to grow and evolve to be aware of the skills and knowledge of those joining us on this journey.** | | | | | |
| **Personal statement** | | | | | |
| Please briefly describe your reasons for applying for this role and any appropriate experience in similar roles. | | | | | |
| Do you have any questions or concerns about the role, or your ability to fulfil it, that you would like to discuss with us? | | | | | |
| Please supply details of 2 people who are able to comment on your suitability for this role. | | | | | |
| Reference 1 | | | Reference 2 | | |
| Name | | | Name | | |
| Relationship to you or capacity in which you are known to them | | | Relationship to you or capacity in which you are known to them | | |
| Address | | | Address | | |
| Phone | | | Phone | | |
| E-mail address | | | E-mail address | | |
| **Additional Personal Information:**  At Changing Lives, our approach is to actively favour applications from those who have a history of offending, addiction, homelessness and other barriers to employment. We therefore ask for full transparency and will treat any disclosures in strictest confidence. | | | | | |
| **Self-declaration** | | | | | |
|  | | | | Yes | No |
| Do you have any criminal convictions that would affect your ability to perform this role? | | | |  |  |
| Are you currently receiving support for your physical, mental, emotional, and spiritual health? | | | |  |  |
| If the role involves young adults or vulnerable people, are you, or have you ever been barred from such work? | | | |  |  |
| Are you aware of, or subject to, any ongoing criminal investigations? | | | |  |  |
| Is there any reason you are aware of that would cause you to not be able/willing to abide by the policies, procedures, codes of conduct, risk assessments etc that are relevant to this role? | | | |  |  |
| If you have answered ‘YES’ to any of the above, please give details below. Alternatively, if you wish to disclose any sensitive information, please do so in a separate, sealed letter and attach to this application form. | | | | | |
| **Do you have any medical issues that we need to be made aware of?** *If so, please give details (this includes mental health issues, physical disabilities)*  **Have you had any significant medical treatment in the last five years?** *If so, please give details* | | | | | |
| **Do you have any special educational needs or learning difficulties that it would be useful for us to be aware of?** *If so, please give details* | | | | | |
| Please give details of a relative  Or friend who can be contacted  In an emergency:  Name: | Relationship to you:  Telephone number:  Address: | | | | |
| **Are you entitled to volunteer within the UK? Yes / No** *(please circle)*  If your answer is ‘No’ we will endeavour to make additional enquiries as to your eligibility on your behalf | | | | | |
| **Data Protection;**  *Your details will be kept in accordance with General Data Protection Regulation (GDPR) 2018. They will be held securely and confidentially. They will only be accessed by authorised individuals.*  **Declaration:**  *I declare that the information on this form is true and complete to the best of my knowledge and belief. I consent to the use of all this information in order to consider my application.*  **Signed:……………………………………………………….......**  **Date:…………………………………………………………………** | | | | | |
| **For office use only: Form reference / volunteer reference as per Single Central Record.** | | | | | |

**Volunteer Plus Programme**

In addition to our standard volunteering, our Volunteer Plus scheme is a structured programme designed to support people who have experienced addiction, offending behaviour, mental health issues, homelessness or other barriers, through a personalised and fully supported programme to help individuals break the cycle, heal from trauma and have hope and a future.

If you are interested in applying for or would like to know more about the Volunteer Plus Programme call or email Hasina:

**Email:** [hasina.downie@changinglives.org.uk](mailto:hasina.downie@changinglives.org.uk) **Mobile:** 07587072559

If you are interested in applying for residential support at Andrew House our Christian therapeutic community: (Men only), Counselling, Group work, Volunteering opportunities.

**Email:** [Jess.crossley@changinglives.org.uk](mailto:Jess.crossley@changinglives.org.uk) or [John.kennedy@changinglives.org.uk](mailto:John.kennedy@changinglives.org.uk)

**Landline**: 01275 401205

**Please hand your application form in to the Changing Lives Charity Warehouse ‘Hub’, Unit 2A, Kimberley Road, Clevedon, BS21 6QJ, or send it via email to the Volunteer Plus Manager, Hasina Downie:** [**hasina.downie@changinglives.org.uk**](mailto:hasina.downie@changinglives.org.uk)**.**