



East Cheshire

Volunteer Application form for Home-Start East Cheshire

Section 11.2

If you have difficulty completing this form, please ask the Home-Start Organiser for assistance

CONFIDENTIAL	Home-Start <input style="width: 80%; height: 20px;" type="text"/>
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Full Name

Address (including Postcode)

If you have been at the above address for less than two years, please give your previous address

Home Telephone Number

Mobile Telephone Number

Date of Birth

Place of Birth

Nationality

Ethnic Origin

Names of Children	Age	Gender

Please give information about your parenting experience

References

Please give the names and addresses of two referees (NOT relatives) who may be contacted by **Home-Start**

Referee One

Name

Address

Referee Two

Name

Address



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Languages spoken

What is the minimum amount of time you could offer to **Home-Start** as a volunteer on a weekly basis?

What type of transport would you use?

If **CAR**, do you have a current clean driving license?

YES

NO

Please give details of any voluntary/paid work you have done, particularly with children and families.

Have you any commitments which could affect your work with **Home-Start** (ie: part-time work)?

What are your hobbies and leisure interests?



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Have you any skills or personal experience which may be relevant to your work as a volunteer for **Home-Start**?

How did you hear about **Home-Start**?

Why would you like to become a **Home-Start** volunteer?

Is there any other information you would like to add?



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As volunteers are in a privileged position visiting families in their own homes and have contact with young children, **Home-Start** has a responsibility to ensure that no-one becomes a volunteer who would misuses that trust. Therefore it is essential that you complete and sign this form. Without it we cannot process your application.

Name

Have you ever had any personal contact with Social Services/Social Work Department or NSPCC/Children 1st in connection with children in your care? **YES** **NO**

Do you have any medical condition (physical or mental) that could affect your work as a volunteer? **YES** **NO**

Have you ever been dismissed from any paid or voluntary work? **YES** **NO**

Have you ever been convicted of any criminal offence? **YES** **NO**

Are there matters outstanding which may lead to a criminal prosecution? **YES** **NO**

If you have answered **YES** to any of the questions above, please give details:

Where did you hear about Home-Start?

I give permission for the organisers/co-ordinators of **Home-Start East Cheshire** to carry out a Criminal Records Bureau check (England, Wales and Northern Ireland only) or any other checks with the Department of Health, Social Services or Department for Education (England, Wales and Northern Ireland only). From July 2010 this role will be subject to ISA registration. I understand that my National Insurance Number may be required.

I know of no reason why I would be unsuitable to become a **Home-Start volunteer**

Signed Date

Please indicate your availability with regards to training course times and dates:

	AM	PM	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
School Holidays	YES	NO	

Please return this form to:
Home-Start East Cheshire,
Suite 2b, 11 Market Place,
Macclesfield,
Cheshire. SK10 1EB