

**Imagine Redbridge**

**852 Cranbrook Road**

**Barkingside**

**Ilford**

**IG6 1HZ**

**0208 551 5314**

D146-05/15

**APPLICATION FOR VOLUNTARY WORK**

**jstuckey@imagineindependence.org.uk**

**To be returned to the above postal/email**

**Please complete this form in block capitals and black ink**

**Personal details:**

|  |  |  |
| --- | --- | --- |
| **Title:**  **Mr/Mrs/Miss/Ms/Dr** | **Forename:** | **Surname:** |
| **Date of Birth:** | | **Telephone Numbers:**  **Daytime:**  **Evening:**  **Mobile:** |
| **Permanent Address:** | |
| **Email:** | | |

**How much time can you give approximately per week? (Please circle) 2hrs 4hrs 6hrs more**

**On which day(s) and at what times are you most likely to be available? (please tick)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Mornings** |  |  |  |  |  |  |  |
| **Afternoons** |  |  |  |  |  |  |  |
| **Evenings** |  |  |  |  |  |  |  |

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| **Please state briefly why you wish to do voluntary work with Imagine.** |
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| **Please give brief details of any current and/or previous voluntary work experience, or any employment, education or training, if you feel it is relevant.** |
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| **What are you main interests and hobbies?** |
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| **In case of emergency, please provide details of who you would like us to contact:** |
| **Name:**  **Relationship to you:**  **Telephone number/s:**  **Address:** |

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| **Have you ever been convicted of a criminal offence? Yes No**  **If yes, please provide details on a separate piece of paper and post to Director of Corporate Services, 25 Hope Street, Liverpool L1 9BQ marked ‘PRIVATE & CONFIDENTIAL. Only relevant conviction and other information will be taken into account so disclosure will not necessarily stop you becoming a volunteer and will be kept strictly private and confidential.**  ***Because of the nature of the service, which involves contact with vulnerable people, you are required by the Rehabilitation of Offenders Act 1974, to declare all convictions including spent convictions.*** |
| **I consent to Imagine forwarding my data for Criminal Data Check Yes No** |

**RERERENCES**

**Please give the name, address and telephone number of two people who would be willing to give you a character reference. preferably not a family member or friend.**

|  |  |
| --- | --- |
| Name: | Relationship to you: |
| Address: | |
| Telephone:  Email: | |

|  |  |
| --- | --- |
| Name: | Relationship to you: |
| Address: | |
| Telephone:  Email: | |

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| DECLARATION |
| I certify that, to the best of my knowledge and belief, the information given is correct.  Signed: Date: | |

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| **FOR USE OF VOLUNTEER OGANISER**  References checked 1. Date  2. Date |

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| **How did you hear about us?** |