Volunteer Application Form

Thank you for your interest in Inclusive Exeter. Please indicate where you heard about us:

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| --- |
|  |

Inclusive Exeter currently runs a number of projects under the heading of:

1. **Better Connections** – funded by the National Lottery Community Fund and incorporating Inclusive Exeter’s:
2. Drop-In Support Service
3. English Conversation Group
4. Physical Activities (Women’s Yoga, Volleyball, Badminton, Martial Arts)
5. Cultural events, delivered by members of six ethnically diverse communities.

Please indicate which project(s)/aspect(s) of our work you are interested in:

|  |
| --- |
|  |

**Personal Details:**

|  |  |
| --- | --- |
| Title: |  |
| Surname: |  |
| First Name: |  |
| Address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email Address: |  |

**Relevant Skills and Experience**

Please use the space below to explain why you are applying for a volunteer role and how your experience (paid or unpaid), personal qualities and skills help to make you a suitable candidate. Please use an extra sheet of paper as required.

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**Driving Licence** (for roles that may require driving)

Do you hold a full, current driving licence?

Yes  No

**Vulnerable Adults**

All positions with Inclusive Exeter CIC may bring Directors, Staff and Volunteers into contact with vulnerable adults. Please note that all employees of, and volunteers for, Inclusive Exeter CIC should be willing to undergo a Disclosure and Barring Service check.

Do you already have a DBS certificate?

Yes  No

If Yes, please supply the:

|  |  |
| --- | --- |
| Certificate Number: |  |
| Date of Issue: |  |

**Criminal Convictions**

Have you ever been convicted of a criminal offence?

Yes  No

Is the offence “spent” as defined by the Rehabilitation of Offenders Act 1974?

Yes  No

Do you have a criminal conviction which is unspent?

Yes  No

Or pending against you?

Yes  No

**References**

Please give details of two referees. These should normally be people who have known you for at least 2 years. We do not accept references from family members. Please supply email addresses for referees if possible. We will not contact either of your referees without your prior permission.

1st Referee:

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Postal Address with Postcode: |  |
| Contact Number: |  |
| Capacity in which known: |  |
| How long have you known this person? |  |

2nd Referee:

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Postal Address with Postcode: |  |
| Contact Number: |  |
| Capacity in which known: |  |
| How long have you known this person? |  |

**Declaration**

I confirm that the information given on this form is true to the best of my knowledge and belief. I understand that if such information were found to be materially incorrect Inclusive Exeter would be entitled to terminate my voluntary role with immediate effect.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Return to: Inclusive Exeter, Exwick Community Centre, Kinnerton Way, EX4 2PR or email to: admin@inclusiveexeter.org.uk