|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address: |  |
| Postcode: |  |
| Tel No: |  |
| Email Address: |  |
| Emergency Contact Name: |  |
| Relationship: |  |
| Emergency Contact Number: |  |
| Please state any health issues we need to be aware of: |  |
| How did you hear about us? |  |

Times available to volunteer (Please tick when available)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUES | WED | THURS | FRI | SAT | SUN |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| EVE |  |  |  |  |  |  |  |

Type of voluntary work preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred location of voluntary work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to transport? Yes [ ]  No [ ]

Qualifications/Skills/Experience you have that may be useful for the role:

**REFERENCE**

|  |
| --- |
| *To ensure the continued safeguarding of children and vulnerable adults the Vale of Glamorgan Council undertakes vetting procedures for volunteers in the same manner as employees. We require details of one referee and only when we have received a satisfactory reference you will be able to volunteer. The referee needs to have known you for at least one year and cannot be a close friend or family member.* |
| RefereeName:Address:Postcode:Email address: Telephone:How do they know you (relationship to you)?How long have they known you? |

**DECLARATION**

I declare that the information I have given is accurate and true and that any false or misleading information given on this form may lead to the offer of a placement being withdrawn. I authorise the Vale Youth Service to make any appropriate checks necessary in relation to the post I am volunteering for. I will inform the Vale Youth Service if any of my contact information changes whilst volunteering for the organisation.

Personal data obtained by the Vale Youth Service relating to this application and the data provided on this form will be held and processed by The Vale of Glamorgan Council on computers/servers or in manual records. It may be used by The Vale of Glamorgan Council for any purpose relating to this application. Your information will not be given to external organisations. Further information on how the Vale of Glamorgan Council holds, shares and uses information is available via the following link - <https://www.valeofglamorgan.gov.uk/en/our_council/Website-Privacy-Notice.aspx>

I give permission for the storage and processing of personal information by The Vale of Glamorgan Council.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you are completing this form electronically, please type your name to indicate signature.)

**Please send this completed application form to** **valeyouthservice@valeofglamorgan.gov.uk****.**

**For office use only**:

|  |
| --- |
| Date application form received: |
| Date of initial meeting / interview: |
| Has a suitable placement been agreed? If ‘NO’ please give reasons why: |
| Date reference received: |
| Date volunteer placed: |
| Location(s) of volunteer placement: |
| Name of volunteer supervisor: |
| Date induction completed: |
| Date volunteer placement ended: |
| Date of Volunteer Placement Review offered / completed: |
| Name of Senior/Manager who completed process: |