



St Vincent de Paul Society  
(England & Wales)

## VOLUNTEER APPLICATION FORM

Any information given on this form is confidential and covered under General Data Protection Regulation 2018.

### GENERAL INFORMATION

<b>Date of Application:</b>							
<b>First Name:</b>				<b>Last Name:</b>			
<b>Telephone/Mobile No:</b>				<b>E-Mail:</b>			
<b>Address:</b>							
<b>Post code:</b>							
<b>Where did you hear about volunteering for the SVP?</b> (E.g. website, SVP Member, friend or family etc.)							
<b>What are your reasons for volunteering?</b> (Please tick any of the boxes below)							
To gain work experience	<input type="checkbox"/>	To get involved in the community	<input type="checkbox"/>				
To develop new skills	<input type="checkbox"/>	To make new friends	<input type="checkbox"/>				
To build up my confidence	<input type="checkbox"/>	To maintain existing skills	<input type="checkbox"/>				
Additional reasons or comments							
<b>AVAILABILITY</b> (please tick which periods you could commit to volunteering):							
	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>AM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EVENING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Requirements (please indicate as appropriate):							
Long-term	Short-term	School Holidays			Term-time		
How much time in general would you like to commit to volunteering?							
<i>Please turnover the page</i>							

**Education/Employment History** (please provide details of any educational qualifications you have or recent employment history if in paid employment or in a volunteer capacity).

**Medical History**

Is there anything about your medical history that you would like us to be made aware of? **Yes/No**

If yes, please state details:

**Do you have any Criminal Convictions?** (Some of the SVP's projects will involve working with vulnerable adults or children and therefore must have the appropriate checks in place e.g. a satisfactory DBS. Possession of a criminal record will not necessarily exclude an individual from volunteering with SVP. If your volunteer role with the SVP requires you to have a satisfactory DBS in place then you must declare any conviction, both **spent AND unspent** or, where the **Rehabilitation of Offenders Act 1974** applies). Please note this information will be kept confidential and not shared outside of the organisation. If you are unsure please see discuss with the manager at this stage of the application process.

**Yes/No**

If yes, please state date and nature of conviction:

**REFERENCES** (All our volunteer roles require us to seek 2 references)

Name:	For office use only:	Name:	For office use only:
Address:	Date contacted:	Address:	Date contacted:
Tel No:	Reference provided: Yes/No	Tel No:	Reference provided Yes/No

**CONFIDENTIALITY**

*"I understand and agree to the St Vincent de Paul Society using this and other information I have provided to create and maintain records on me in accordance with the General Data Protection Regulation 2018. I agree that this information will be kept for the duration of the recruitment process and for a specified period of time thereafter. Should I be accepted as a volunteer I agree that this information will be kept for the duration that I am a volunteer and for a period of specified time following this. I am aware I have the right to request a copy of the information held on me. I declare that the information given in this application is correct to the best of my knowledge. I understand that deliberately giving false or incomplete answers could disqualify me from consideration, or, in the event of my appointment, make me liable for dismissal".*

Please see our updated Privacy Policy at [www.svp.org.uk](http://www.svp.org.uk) for more information or request a copy from the manager.

Full Name:.....

Signature: ..... Date:.....

**Thank you for your application! A member of the Volunteer team will be in touch with you shortly.**