**Bath & North East Somerset Council**

Volunteer Application Form

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| Volunteering Activity: |  |
| Type of role: | One off event: yes / no Longer term volunteering: yes / no  |
| Service area: | Library Service |

**Personal Details and Contact Details**

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| --- |
| Title: Surname: Forenames (in full):  |
| Please also provide details of any former names (if applicable)  |
| Home Address: | Daytime Telephone No: |  |
| Evening Telephone No: |  |
| Mobile No: |  |
| National Insurance No: |  |
| Post Code: |  | e-mail: |  |

**Verification of Identity**

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| --- |
| **1 document providing photographic ID and 2 documents providing address confirmation**  |

**References** Please provide details of two referees who can comment on your suitability for this volunteering activity.

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| --- | --- |
| **Referee 1**  | **Referee 2** |
| Name: | Name: |
| Relationship to applicant: | Relationship to applicant: |
| Position: | Position: |
| Employer/University/College Name: | Employer/University/College Name: |
| Address: | Address: |
| Post Code: |  | Post Code: |  |
| Telephone No: |  | Telephone No: |  |
| E-mail: |  | E-mail: |  |

1. **Volunteering Commitment (you do not need to complete this section for a one off event)**

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| --- | --- |
| How long will you be available for? (eg: 6 months, term time only etc) |  |
| Which days and times would you like to volunteer for? (subject to agreement) |  |
| Do you have any health problems or disabilities which you would like us to take into account? |  |

1. **Please tell us about any other work or voluntary experience and/or employment history you have:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of organisation | Role | Please indicate whether the role was voluntary (VR) or paid (PR) | Start Date(dd/mm/yy) | End Date(dd/mm/yy) |
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1. **Please list any qualifications and training whether work related or not, which might be useful.**

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| Qualifications | Level | Subjects | Grade/Result | Year Obtained |
|  |  |  |  |  |
| Title and brief description of any formal training / courses | Date |
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1. **Membership of Professional Associations – if relevant to volunteering activity:**

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| --- | --- |
| Organisation Name | Level of Membership/Role/Registration No. (if applicable) |
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**Please briefly outline: What particularly interests you about the service area and / or reasons for applying for this volunteering activity?**

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| **Where did you hear about this volunteering opportunity? (**This information helps us decide where to promote these opportunities). |

**Additional Information (Note - this is not relevant for all volunteering opportunities)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you licensed to drive any of the following? | Private Car |  | Motor Bike |  | PCV |  | Other (give details) |  |

**Convictions/Disqualifications**

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| --- | --- | --- | --- | --- | --- |
| The Council is committed to making appointments on merit and will focus on a person’s abilities, skills and experience. When considering any criminal convictions the Council will consider the relevance of the conviction(s) to the job. A criminal record will not necessarily be a bar to obtaining a position. Under the Rehabilitation of Offenders Act 1974, a conviction will become spent after a set period of time – see guidance notes for details. **If you are working with vulnerable adults, children and young people the post is exempt under the Act and you are required to give details of all convictions, cautions including spent convictions** (see blue section of this form).Do you have any convictions (including driving offences), cautions, bindovers or disqualifications?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES\* |  | NO |  | (tick whichever is appropriate) |

\****If yes, please give details on a separate sheet and attach it to this form in a sealed envelope marked Confidential Disclosure*** |

**THE NEXT SECTION OF THIS FORM APPLIES TO EXEMPTED POSTS I.E. THOSE POSTS WHERE THE VOLUNTEERING ACTIVITY INVOLVES REGULAR AND UNSUPERVISED ACCESS TO VULNERABLE ADULTS, CHILDREN AND YOUNG PEOPLE AND CERTAIN OTHER POSTS THAT REQUIRE CRIMINAL RECORDS BUREAU CLEARANCE (CRB).**

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| --- | --- | --- | --- | --- | --- |
| **A) Enhanced CRB Check:**Have you ever been convicted of any offence, been bound-over, or given a caution?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes\* |  | No |  | (tick whichever is appropriate) |

***\*if yes, please give detail on a separate sheet and attach it to this form in a sealed envelope marked Confidential Disclosure.***This post is subject to an Enhanced CRB check so that any criminal background (including “spent” convictions, bind-over orders or cautions) is disclosed to the Council. Bath and North East Somerset Council cannot employ someone to this post without this check. If you are successful in applying for this post we will ask the CRB for a Disclosure. The position for which you are applying involves contact with vulnerable groups. It is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For this position you are not entitled to withhold information about police cautions, bind-overs, or any criminal convictions that would otherwise have been considered “spent” under the Act. |
| **B) Safeguarding Declaration**:I declare that the information I have given on this form is complete and accurate and that: * I am not barred or disqualified from working with vulnerable groups, children or young people
* I am not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, Secretary of State or other regulatory body.

Signed: Print Name:Date: |

**General Declaration**

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| I understand that to knowingly give false information or to leave out any relevant information could result the volunteering being withdrawn.Signed: Print Name:Date: |
|  |
| **Data Protection**Data Protection accordance with the Data Protection Act 1998, the Council will only use the information given on this application form to determine your suitability for this job and to monitor equal opportunities. We will keep application forms of unsuccessful candidates for six months before being destroyed.However, as the Council has a duty to protect public funds, we may use the information you have provided on this form to prevent and detect fraud, especially in relation to benefits, Council Tax, Business Rates, Housing/Rents, salaries, employment, pensions and Councillors’ Allowances.**How we use your data**Please delete accordingly:I do/do not agree to my contact details being kept on a secure database and being used to contact me in the future about other volunteering opportunities and updates associated with the Bath and North East Somerset Council Library Service. I will inform the Library Service if I wish my details to be removed from use in the future.Signed: Print Name:Date: |

Please return completed form to: [library\_volunteers@bathnes.gov.uk](http://www.bathnes.gov.uk/sites/default/files/library_volunteers%40bathnes.gov.uk)

Or, if necessary, by post to The Library Volunteer Coordinator, Bath Central Library, 19-23 The Podium, Northgate Street, Bath BA1 5AN