

DARLINGTON ASSOCIATION ON DISABILITY

(Registered Charity 518265)

Volunteer Application Form

Title: **Surname :**

First name (s)

Address:

.....

Post Code:.....

Telephone: Home..... **Work**.....

Mobile:.....

E mail address

Date of Birth:

Please Note:

All volunteer posts are subject to the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975). In the event of your application being successful you will be asked to complete a Criminal Bureau Disclosure form. This check will disclose any criminal convictions. If the post involves working with vulnerable adults or children an enhanced check will be required. This may reveal other information held by the police. If you have any criminal convictions please supply details on a separate sheet and return with this application.

DAD has a Code of Practice on the recruitment of ex-offenders and undertakes not to discriminate unfairly against any subject of a disclosure on the basis of convictions or other information revealed. A copy of DAD's Code of Practice is available on request. If you wish to discuss this, or any other matter relating to your application please contact the named person on the covering letter.

Please indicate which days and times you are available to volunteer

Morning

Afternoon

Evening

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Do you have access to transport:

YES/NO

References

Please give details of two people, who can comment on your suitability for voluntary work and state in what capacity - e.g. “present employer”, these people are known to you.

1.Name		2.Name	
Address		Address	
Post Code:	Tel :	Post Code:	Tel :
Capacity known:		Capacity known:	

The details above are to the best of my knowledge a true and complete record.

Please return this completed application form in the **enclosed confidential pre paid addressed envelope**, together with the equal opportunities monitoring form and a separate sheet (if appropriate) detailing any criminal convictions.

**Donna Gibson
Darlington Association on Disability
20-22 Horsemarket
DARLINGTON
DL1 5PT**

Office use only:

Received Refs requested (1)..... (2)

Shortlisted Refs received (1).....(2).....

Interviewedppointed: YES/NO
Notified:
Notified CRB check sent/ received Start Date