

Coventry Cyrenians Volunteer Application Form

Personal Details		Start Date (TBC by Office)	
First Name:		Last Name:	
Telephone no. (mobile)		Telephone no. (other)	
Email address:		How did you hear about volunteering for Cyrenians; i.e. Uni, VAC, Job Centre, other please state:	
Address:		Emergency contact: Name: Telephone no(S):	

I am interested in volunteering or I am applying for a specific volunteer role

Role applied for:

Are you a client or former client of Coventry Cyrenians – Yes / No

If yes please tell us your support worker's name:

Your Availability

Mon		Tue		Wed		Thu		Fri		Sat		Sun		Totally Flexible
am	<input type="checkbox"/>	am	<input type="checkbox"/>	am	<input type="checkbox"/>	am	<input type="checkbox"/>	am	<input type="checkbox"/>	am	<input type="checkbox"/>	am	<input type="checkbox"/>	<input type="checkbox"/>
pm	<input type="checkbox"/>	pm	<input type="checkbox"/>	pm	<input type="checkbox"/>	pm	<input type="checkbox"/>	pm	<input type="checkbox"/>	pm	<input type="checkbox"/>	pm	<input type="checkbox"/>	

Relevant Experience

Please tell us about any voluntary or paid experience you have and why you wish to volunteer at Coventry Cyrenians:
(continue on separate sheet if necessary)

Equal Opportunities:

1. Coventry Cyrenians welcomes volunteer applicants with all range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back).

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2. Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?

Yes No

If you have ticked yes, summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

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Referee details:

Please give details of 2 people we can contact for as a referee who has known you for at least 12 months (this could be an employer, previous employer, work colleague, tutor, support worker, GP, landlord etc). **Please do not use relatives as referees.**

Ref 1. Name:	Ref 2. Name:
Relationship to you:	Relationship to you:
Address:	Address:
Email address:	Email address:
Telephone No:	Telephone No:

Information about visas: If you are from the European Union, you are free to volunteer in the UK. For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency to find out. Coventry Cyrenians are not able to sponsor volunteer visas.

DBS: All volunteer roles working directly with clients are subject to a DBS check at enhanced level

Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially. They will be accessed by authorised management. I understand that if I am offered a volunteering role, this application form will become part of my personnel file and record. If I am not offered a role it will be stored for 3 months then destroyed.

I certify that the information given on this form is correct to the best of my knowledge. I understand that should any false statements or omissions be made a volunteer role may not be offered.

Signed:		Date:	
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Please forward your application to:
Volunteer Co-ordinator, Coventry Cyrenians, Oakwood House, Cheylesmore, Coventry CV1 2HL

Or email to: [volunteering @coventrycyrenians.org](mailto:volunteering@coventrycyrenians.org)