Volunteer Application Form



Listening Learning Leading

HOW TO FILL IN THIS FORM

Please read all the accompanying information before you complete this application form.

If you have difficulty filling in this application form please let us know and we will make alternative arrangements for you.

Application for the Post of: Circle as appropriate

www.southoxon.gov.uk

Volunteer Usher / Volunteer Workshop Assistant /

Volunteer at Outdoor events/ / ALL

Personal Details			
Family name			
First name			
Address			
Postcode			
Email address			
Home telephone			
Daytime telephone			
Discretion will be use	ed when contacting you	on these numbers.	
	Rehabilitation of (Offenders Act (1974	.)
information given will you are applying for.	•	nd will only be consider pent convictions will re	ed in relation to the job sult in the withdrawal of
	Council will require a dreau for certain categor I necessary.	• •	
I have unspent conv I do not have any co	riction(s) details of whic onvictions	h are attached	l (enter '√' in whichever box applies)

Signed	Date	



What paid or unpaid work have you experience in which you feel is relevant to Cornerstone?

Employer/Organisation

Brief details of duties

Please list the most recent first, using continuation sheets if necessary.

Position

From

To

Please tell us more about any training that you have received that you feel may be relevant.				
Please list	the most r	ecent first, using co	ontinuation sheets if necessa	ary.

Why do you think you would be a	good volunteer?
	of the form. We would like you to tell us the
 Why you would like to be a volunt In what ways you have worked w Whether you have handled mone Why you think you would be a go 	vith the public or children before

References

As you are applying to volunteer in a position that works with children and handles money we will need to take in references. Please give the name, address and contact number of two people who can provide us with an assessment of whether you would be a good volunteer. Please put an 'X' in the box if you do not wish us to contact either referee before obtaining your consent.

First reference					
Name		А	ddress		
Telephone					
Job title		Connection w	ith you		
Second reference					
Name		А	ddress		
Telephone					
Job title		Connection w	ith you		
		Declaration			
I declare that the information given in this application is true. If I am successful in obtaining this post and the information is later discovered to be incorrect, I understand that the appointment can be terminated by the Council.					
Signed				Date	
	Equal Opport	unities Monit	oring F	orm	
The Council aims to maintain a competent, flexible and quality conscious workforce. To this end the Council intends to select the best available person for every vacancy, regardless of sex, race, colour, religion, ethnic origin, age, marital status, parental status, disability, sexual orientation, involvement in trade union or "spent" criminal convictions.					
To help the Council monitor its equal opportunities policy and for that reason only please complete this form. Please note that the information is confidential and will be removed before the application is submitted for consideration.					
Name (CAPITALS)					
Position applied for			Team		

Sex	Male	Female			
	Other (please state				
Age	20 or under	31 – 40	51 – 60		
_	21 – 30	41 – 50	61 or over		
		Ethnic Origin			
		Ethnic Origin			
I would de	escribe my race or ethni	c origin as <i>(please pl</i>	ace a '√' in one box)		
	White		Mixed		
	British		White and Black Caribbean		
	Irish		White and Black African		
	Any other white I		White and Asian		
	Asian or Asian Indian	British	Black or Black British Black – Caribbean		
	Pakistani		Black – African		
	Bangladeshi		Any other black background		
	Any other Asian	background	. ,		
	Chinese	3	Other ethnic group		
	Chinese		Any other		
If you ticked 'Any other', please specify					
		Disability			
Do you consider yourself disabled within the meaning of the Disability Discrimination Act (Please see guidance notes)					
If yes, please specify					
Do you require any special assistance at interviews or with any aspect of the job? Yes No					
If yes, ple	ease specify				
Thank you	ı for your co-operation				
Please ref	-	ty Management team	, 25 Station Road, Didcot, Oxon		
Or cornerstone@southoxon.gov.uk					