

PRISON SERVICE TRUST

Hydebank YOC

Hospital Road

Belfast

BT8 8NA

Tel: 028 90649628

Fax: 028 90649630

Email: karenpst@btconnect.com

VOLUNTEER APPLICATION FORM

Mr/Mrs/Miss/Ms (Delete As Appropriate)

Surname: _____ Maiden Name: _____

First Name (s): _____

Address:

Postcode: _____

Telephone Nos:

Home: _____ Work: _____

Date of Birth: _____ Age: _____

Are You:

- Employed
- Retired
- Student
- Unemployed
- Other

Please specify

If unemployed, when were you last in paid employment?

At what times would you be available? Please tick as appropriate.

	Am	Pm	Evening
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

How did you learn of this organisation?

<p>Please give a brief description of your employment history:</p>	<p>Please give a brief description of previous voluntary work:</p>
<p>Qualifications (academic or otherwise):</p>	<p>Outline any relevant training (accredited or otherwise):</p>

Are you prepared to attend relevant training?

- Yes
- No

What type of voluntary work would you be interested in?	What do you feel you have to offer as a volunteer?	What would you be hoping to gain from your volunteering?
Hobbies/Other interests:		

Do you have a clean driving licence?

- Yes
- No

Do you have access to a car?

- Yes
- No

Do you suffer from any health problems or condition which may affect your skills or safe working and/or the welfare of fellow volunteers/employees or others?

- Yes
- No

If **yes** to either of the above, please give details:

Have you ever been cautioned/bound over/convicted in connection with a criminal offence? *Under the Rehabilitation of Offenders (Exemptions) Order 1979 no convictions can be regarded as spent.*

- Yes
- No

Are you involved in any current or pending criminal prosecution?

- Yes
- No

If **yes** to either of the above, please refer to the disclosure form.

If you are applying to do voluntary work involving children or people with learning disabilities your signature will be taken as an agreement to a police check being carried out).

Please name two persons who we can contact for references. If you have a Social Worker or Probation Officer please name him/her as one referee. One of the referees should have known you for at least two years (an example might be a previous employer). Please do not nominate a family member as a referee.

Name: _____ Name: _____

Address: _____ Address: _____

Tel No: _____ Tel No: _____

In what capacity do they know you?

Signature:

Date:

All information contained in this form will be treated in the strictest confidence.