

HOME-START WARRINGTON
 APPLICATION FORM FOR VOLUNTEERS
 148 Northway, Longford, Warrington, WA2 9PZ



Support and friendship
for families

If you have any difficulty completing this form, please ask the Home-Start organiser/ co-ordinator for assistance.

CONFIDENTIAL

Charity Number 1116515

Company Number 5563277

VOLUNTEER ROLE (Please tick)

Home-Visiting Volunteer Trustee Director Fund Raiser

Name		
Address including Postcode		
If you have been at this address less than two years please give previous address		(use separate sheet if necessary)
Home telephone no:		Work telephone no:
Mobile telephone no:		Email address:
Date of Birth:		Place of birth:
Nationality:		Ethnic origin:
Name of Children	Ages of Children:	Please give information about your parenting experience:
REFERENCES: Please give the name and address of two referees (Not a relative) who will be contacted by Home-Start.		
Referee 1		Referee 2
Name:		Name:
Address:		Address:
Email:		Email:
Telephone:		Telephone:
Relationship with applicant:		Relationship with applicant:

Languages spoken:			
What is the maximum time that you could offer to Home-Start as a volunteer on a regular weekly basis?			
What type of transport would you use?		If car - do you have a current clean driving licence?	Yes / No
Please give details of any voluntary / paid work you have done, particularly with children and families:			
Have you any commitments which could affect your work with Home-Start e.g. part time work?			
What are your hobbies and leisure interests?			

Have you any skills or personal experiences, which may be relevant to your work as a volunteer for Home-Start?

How did you hear of Home-Start?

Why would you like to become a Home-Start Volunteer?

Is there any other information you would like to add?

As volunteers and in a privileged position, visiting families in their own homes and have contact with young children, Home-Start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete this form.

Name:	
Have you had any personal contact with social services/ social work Department or NSPCC/ Children 1 st in connection with children in your care?	Yes/ No
Do you have any medical condition (Physical or mental) that could affect your work as a volunteer?	Yes/ No
Have you ever been dismissed from any paid or voluntary work?	Yes/ No
Have you ever been convicted of any criminal offence?	Yes/ No
Are there any matters outstanding, which may lead to a criminal prosecution?	Yes/ No
If you have answered Yes to any question please give details:	

I give permission for the organisers/ co-ordinators of Home-Start Warrington to carry out a Criminal Records bureau (CRB) check for criminal convictions, or any other checks, with the Department of Health, Social Services or Department for Education. I understand that my National Insurance number may be required.

Data Protection Act 1998. The information given above will be used solely for the purpose which it was given. It will be held confidentially, updated when appropriate and destroyed when no longer required.

I know of no reason why I would not be able to be a Home-Start volunteer.

Signed _____ Date _____

Please return completed form to Home-Start Warrington, 148 Northway, Longford, Warrington, WA2 9PZ