|  |  |  |
| --- | --- | --- |
| **For office use only** | | |
| Int |  | |
|  | requested | received |
| Ref 1 |  |  |
| Ref 2 |  |  |
| DBS |  |  |
| Agreement signed |  | |

VOLUNTEER APPLICATION FORM

**First name**  **Surname**

**Title** (eg. Mr/Mrs/Ms/Dr/Revd) **Male / Female / Other** (please circle)

**Date of birth**

**Address** **Postcode**

**Email address**

**Phone no.**

**Please tell us why you are interested in this volunteering opportunity:**

**Do you have any experience of volunteering? Please tell us here:**

**Please tell us why you are suitable for this volunteer role (please see role description)**

|  |
| --- |
|  |

**If you have attended any relevant training in the past five years, please tell us:**

|  |  |  |
| --- | --- | --- |
| **Title** | Date/s | **Training provider** |
|  |  |  |
|  |  |  |
|  |  |  |

**REFERENCES: Please provide details of two people who may be able to tell us about your suitability for this volunteering role. We would prefer you to have known them for 6 months or more and at least one of your referees should be a previous employer or another professional**

**Please first check that they are willing and able to act as a referee**

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| Name |  |  |
| **Capacity in which known** |  |  |
| **Address** |  |  |
| **Phone Number** |  |  |
| **Email** |  |  |

**Please tell us about any health condition(s) or disabilities that may affect your ability to carry out this role**

|  |
| --- |
|  |

**Do you have any unspent criminal convictions? Yes / No**

*(If the answer is ‘Yes’ please give full details on a separate sheet of paper)*

**Would you like your email address to be added to the BEACON mailing list?**

**Yes/No**

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you** for taking the time to complete this application form. We really appreciate your offer and will contact you as soon as we can to arrange to meet to discuss this with you further. You will also be able to ask more questions about BEACON and the particular volunteering role that you are interested in.

**Please return this form to the BEACON Team Leader by email or post:**

[***beacon@beaconbradford.org***](mailto:beacon@beaconbradford.org) ***Touchstone, 4 Easby Road, Bradford, BD7 1QX***

*Bradford Ecumenical Asylum Concern is a registered UK charity (charity number 1119463) and is the data controller of the personal data you provide in this form. Your data will be processed and stored securely, will only be used to assist us to complete a fair volunteer recruitment process and will not be shared with third parties. If your application is unsuccessful, we will hold your data on record for 6 months. If your application is successful it will be placed in your volunteer file where it will remain for 12 months after you cease volunteering in the event that you wish to return as a volunteer.*

*You have the right to view and amend your data at any time. You may do this by contacting the BEACON Team Leader in writing at* [*beacon@beaconbradford.org*](mailto:beacon@beaconbradford.org) *or c/o Touchstone, 4 Easby Road, Bradford, BD7 1QX. If you wish to raise a complaint on how we have handled your data, you can contact the BEACON Team Leader who will investigate the matter. If you are not satisfied with our response or believe we are not processing your data in accordance with GDPR law, you can complain to the Information Commissioner’s Office (ICO).*

*I consent to BEACON storing and processing my data as specified above. My consent is conditional upon BEACON’s compliance with the General Data Protection Regulations and I understand that I may withdraw this consent at any time.*