**Volunteer Application Form**

Please complete as much of this form as possible, and if you have any questions, just get in touch and we’ll be happy to help. We’re not expecting an essay, please keep answers brief and simply type into each box which can expand over additional pages. We look forward to receiving your application!

**Personal Details**

|  |  |
| --- | --- |
| Name: |  |
| Mobile: |  |
| Email: |  |
| Preferred method of contact: |  |
| Address:  Postcode: |  |

**Why ACTS FAST?**

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| --- |
| What position would you like to apply for as a volunteer?  Why would you like to volunteer for ACTS FAST?  Have you received support from ACTS FAST previously? YES/NO |

**Experience and Capacity**

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| --- |
| Have you volunteered before? YES/NO  If yes, in what capacity?  Do you have any experience working in trauma support? YES/NO  If yes in what capacity? (If not already covered above) |

**Availability**

|  |  |  |  |
| --- | --- | --- | --- |
| Which days are you generally available for volunteering with us? (don’t worry, you can update this with us later at any point). Please tick for when you can be available. | | | |
|  | **Morning** | **Afternoon** | **Evening** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Weekends** |  |  |  |

**Aims and Understanding**

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| What would you like to gain from volunteering with ACTS FAST? |

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| What does “trauma informed” mean to you?  Key skills you feel you have which is needed in this role? (Please complete as many as you can think of!)   * e.g., Compassion… |

**Education and Qualifications**

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| Education (summary/:  Qualifications and any relevant training: (please list memberships/professional body) |

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| Do you have an enhanced DBS? YES/NO  If YES, are you registered with the update service? YES/NO  Do you hold a full driving licence? YES/NO  Do you have access to a car for your own transport? YES/NO |

**Referees**

Please provide details of 2 people who have known you for at least two years, these cannot be family or friends.

One referee should be an employer, where possible. If this is not possible, please provide details of lecturers, tutors or other educational practitioners, or previous volunteer managers. If successful in progressing your application, we will contact them for a brief reference so please check they are aware you are providing their details for this puprose.

|  |  |
| --- | --- |
| Referee One | |
| Name: |  |
| Relationship to you: |  |
| Contact address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email: |  |

|  |  |
| --- | --- |
| Referee Two | |
| Name: |  |
| Relationship to you: |  |
| Contact address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email: |  |

# Disclosure and Barring Service

To protect vulnerable groups, ACTS FAST will request information on every applicant’s criminal record before any offer of work can be confirmed. This is for everyone’s best interest and protection. All relevant legislation will be followed, and data protection requirements will be maintained.

All volunteers MUST consent to a check of their own criminal record being made before they can start volunteering with ACTS FAST. Further checks may also be made from time to time at the charity’s discretion.

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| --- |
| **DECLARATION**  I declare that, to the best of my knowledge and belief, all information and statements in this form are correct. I understand that I will be asked at a later stage to provide further information for DBS and background checks to be carried out.  Signed: Date: |

If in agreement, please sign and send this form to [support@actsfast.org.uk](mailto:support@actsfast.org.uk)

Once received we will aim to process your application as quickly as possible and will let you know the outcome of your application. Thank you for your application.