LITTLEHAMPTON CHILD CONTACT CENTRE

Application Form for Child Contact Centre Volunteer

Please return completed volunteer application form to:
Littlehampton Child Contact Centre
c/o Littlehampton Baptist Church
Fitzalan Road
Littlehampton BN17 5NY

Or e-mail completed form to: ltonchildcontactcentre@gmail.com

STRICTLY CONFIDENTIAL
Please complete clearly in Capital letters

Mr / Mrs/ Miss/ Ms / other (delete as appropriate)	**Surname:**	**Forename(s)**
Address (including postcode) :	**Tel no: Home** **Mobile**	
	Date of birth:	
E-mail:		
How did you hear about volunteering at a Child Contact Centre?		

Health

In relation to Health & Safety, it is important that we know if there are any aspects of volunteering at our Centre that you would not be able to cope with. A disability or health problem does not necessarily exclude you from volunteering at the Centre. All information given will be treated with the strictest confidence.

Are you registered disabled? Yes / No
If yes, what is the nature of your disability?
Do you suffer from any allergies?
Are there any other health matters that we should be aware of?
It is important that you inform us if you should suffer from any illness that in the future may affect your ability to volunteer for the organisation or that would put others at risk.

What experience and skills could you bring to our Child Contact Centre? (please tick)							
Administration		**First Aid**		**Training**		**Clerical**	
Caring for others		**Fundraising**		**Public Relations**		**Finance**	
Catering		**Health & Safety**		**Secretarial**		**Information Technology**	
Organisational		**Working with children**		**Legal**			

Please give details of any other voluntary organisation for whom you have volunteered, with details of your experience and the dates involved:

Voluntary organisation	Dates position held	Position and responsibilities
		Please continue on a separate sheet if necessary

Disclosure and Barring Checks (DBS)

As volunteering in our Child Contact Centre involves working with children, all volunteers have to be checked with the Disclosure and Barring Service. You will be asked to complete a 'Disclosure and Barring' Application Form and provide evidence of identity, before it is sent off to the National Association of Child Contact Centres who are registered with the Disclosure and Barring Service to apply for the checks on our behalf.

Referees

Please provide the names and addresses of two referees. They should not be directly related to you and should be over 18 years of age. You should have known them reasonably well for at least two years on a personal level and one of the referees should preferably be somebody who knows you professionally.

Name:	**Name:**
Address:	**Address:**
Tel number:	**Tel number:**
E-mail:	**E-mail:**
Their relationship to you	**Their relationship to you**

References will be taken up and a DBS check will be undertaken before you begin volunteering at our Child Contact Centre.

Signed …….. Date:……..