



Volunteer Application Form

Parent Champions Bradford

You can submit this form electronically by saving it, completing it and then emailing it to us. You can also print the form and post it to us. The email and postal address are given at the end of this form.

This form is confidential

| | |
|--|--|
| NAME | |
| ADDRESS | |
| POSTCODE | |
| CONTACT NUMBER | |
| E-MAIL | |
| How did you hear about this opportunity? | Please select: <input type="checkbox"/> Web search <input type="checkbox"/> HENRY website <input type="checkbox"/> Social media <input type="checkbox"/> Word of mouth Other |

1. What aspects of this role interest you?

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2. What experience and skills do you have that you feel would be helpful in the role?
(Continue on an additional page if needed)

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3. What languages do you speak?

.....

4. How can we help you: what are you hoping to gain from this voluntary role?

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5. How many months do you expect to be available for?

(number of months)

6. Do you have any health or other needs that you would like us to be aware of?

YES **NO** If yes, please give details.

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.....

This voluntary role involves potential contact with children and/or vulnerable adults, therefore you are required by the Rehabilitation of Offenders Act 1974 to declare all convictions, including spent convictions. (If you have convictions, it does not necessarily mean you cannot volunteer with our organisation).

7. Have you ever been convicted by a court of a criminal offence? **YES** **NO**

8. Due to the nature of this volunteering work you will be required to have a Disclosure and Barring Service check.

Do you hold DBS certificate? **YES** **NO**

9. All volunteers are required to attend free training

I will need support with childcare costs while
I attend training (registered child care providers only) **YES** **NO**

References

Please provide details of two people whom you have known for more than two years, and are not related to you who would be willing to provide a character reference.

| |
|------------------------------|
| Name: |
| Address: |
| Telephone number: |
| Email address: |
| How do you know this person? |
| Their job role/title |

| |
|------------------------------|
| Name: |
| Address: |
| Telephone number: |
| Email address: |
| How do you know this person? |
| Their job role/title |

I confirm the information I have provided is complete and accurate to the best of my knowledge.

Signed

Date

Thank you for your application.

We look at all applications and will get back to you within 7-10 days.

Please return your completed electronic form to:

hr@henry.org.uk

or post to:

Nicola Charnock
Public Health, 5th Floor
Britannia House
Broadway
Bradford
BD1 1HX