|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name |  | Surname |  | Address for correspondence |
|  |  |  |  |  |
| Telephone number |  |
|  |  |
| Email address |  |
|  |  |
| AvailabilityPlease detail hours/days per week you can offer.

|  |  |  |
| --- | --- | --- |
| Day of the week | Morning (specify hours)  | Afternoon (specify hours) |
| MondayTuesdayWednesdayThursdayFriday |  |  |

Why would you like to volunteer for NCLS?

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| Criminal recordUnder the Rehabilitation of Offenders Act 1974 if you have substantial access to people under 18 you must declare convictions, even if they are spent. You may also be police checked if you do volunteer work for other vulnerable groups. Having a criminal record will not automatically debar you from doing voluntary work. Do you have a criminal record? **Yes / No**Volunteering and Immigration StatusIt is important that individual volunteers take responsibility for ensuring they are allowed to volunteer because they could jeopardise their immigration status. If in doubt they should contact the UK Border Agency for advice.Are you allowed to volunteer in the UK? **Yes / No****If you have a disability and would need some reasonable adjustments to support you in volunteering for the NCLS, please include details here**

|  |
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|  |

ReferencesPlease give details of two people who have known you for at least a year. This should be a current or former tutor/employer or some other professional. Please do not use relatives as a referee. |
| Name |  |  |  | Address |
|  |  |  |
| Relationship to you |  |
|  |  |
| Telephone number  |  |
|  |  |
| Email address (prefered means of contact) |  |  |
|  |  |  |
|

|  |
| --- |
|  |
| Name |  |  |  | Address |
|  |  |  |
| Relationship to you |  |
|  |  |
| Telephone number  |  |
|  |  |
| Email address (prefered means of contact) |  |  |
|  |  |  |

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**Declaration**

In accordance with the Data Protection Act 1998, I give my consent for the information in this form to be processed in accordance with NCLS policy for the purposes of volunteering. I understand that if I am offered a volunteering role, this application form will become part of my personnel file and record. If I am not offered a role it will be stored securely and confidentially and then destroyed. I certify that the information given on this form is correct to the best of my knowledge. I understand that should any false statements or omissions be made, a volunteer role may not be offered.

|  |  |  |
| --- | --- | --- |
| Signed |  | Date |
|  |  |  |

**Please tell us how you heard about us**

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| --- |
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