



# VOLUNTEER APPLICATION FORM

This information is confidential and will be treated accordingly

| 1) BASIC DETAILS  |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
|---|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name:   |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Address:  |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Post code:  | 'Phone:                  |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Date of birth:  | Email:                   |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| How did you hear about the opportunity to volunteer with Cambridge Re-Use?  |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
|   |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Why do you want to volunteer for Cambridge Re-Use?  |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
|   |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Roles that you think might interest you:  |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| <p>We offer a variety of volunteering opportunities. Please indicate what role(s) you think might interest you (we can discuss this further at your interview).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Reception / Customer Desk</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%;">Computer Work</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Store Work</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Electrical room</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Driving</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Van crew</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>  |                          | Reception / Customer Desk | <input type="checkbox"/> | Computer Work            | <input type="checkbox"/> | Store Work | <input type="checkbox"/> | Electrical room | <input type="checkbox"/> | Driving                  | <input type="checkbox"/> | Van crew                 | <input type="checkbox"/> |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Reception / Customer Desk   | <input type="checkbox"/> | Computer Work             | <input type="checkbox"/> |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Store Work  | <input type="checkbox"/> | Electrical room           | <input type="checkbox"/> |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Driving   | <input type="checkbox"/> | Van crew                  | <input type="checkbox"/> |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Is there any role that you would really not like to do?   |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| <p>We expect a minimum time commitment of 3 hours per week, but are happy if you can do more. Please could you indicate what days you are available.</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Tue</td> <td style="text-align: center;">Wed</td> <td style="text-align: center;">Thur</td> <td style="text-align: center;">Fri</td> </tr> <tr> <td>Morning</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Afternoon</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>All Day</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |                          |                           | Mon                      | Tue                      | Wed                      | Thur       | Fri                      | Morning         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All Day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Mon                      | Tue                       | Wed                      | Thur                     | Fri                      |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Morning   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Afternoon   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| All Day   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |
| Ideally, how many hours would you like to do per week? .....  |                          |                           |                          |                          |                          |            |                          |                 |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |

## 2) LIFE EXPERIENCE AND FUTURE GOALS

Have you done (or are you currently doing) any other voluntary work? (if so, please give brief details)

Have you done any paid work before? (if so, please give brief details)

Please tell us about any skills, experience or qualifications which you think are relevant.

Please tell us a little bit about yourself (interests, hobbies etc)

Please try and tell us a little about your future goals and how you hope volunteering with Cambridge Re-Use might help with achieving these, or benefit you more generally.

### 3) YOUR HEALTH

Do you suffer from any serious or long term illnesses or have any other significant physical health issues?

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Have you ever experienced any mental health issues or problems? (If yes please give brief details)

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Are you taking any medication at the moment? (If YES, please give brief details)

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|  |
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Do you have any alcohol or drug dependency/misuse issues? (If YES, please give brief details)

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Are there any situations that you find difficult to cope with?

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Do you have a support worker? Yes  No   
(If Yes, please provide their name and contact details)

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Do you have any other special need/circumstance that you feel we should know about?

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**4) DISCLOSURES, REFERENCES and EMERGENCY CONTACT**

Have you ever been convicted of theft or burglary? Yes  No   
 (please give details)

Have you ever been convicted of an offense involving violence? Yes  No   
 (please give details)

Have you ever been disqualified from driving or received any penalty points/fines for driving offenses in the last ten years? Yes  No   
 (please give details)

Have you ever been convicted of any other criminal offense? Yes  No   
 (please give details)

Please note: Because, as a volunteer, you will come into contact with vulnerable people, we do ask you to disclose all convictions, spent and unspent. A conviction will not necessarily exclude you from volunteering with Cambridge SOFA, but will be taken into account when assessing your suitability for particular roles.

Please give details of two people we can approach for references.

|   |   |
|---|---|
| Name:                                     | Name:                                     |
| Address:                                  | Address:                                  |
|   |   |
| Phone:                                    | Phone:                                    |
| Email:                                    | Email:                                    |
| In what capacity do you know this person? | In what capacity do you know this person? |

Please give contact details for someone we could call in the event of an accident or emergency, eg a family member or friend.

I declare the information I have given is true.

Signed: ..... Date: .....