

## Volunteer Application Form

Please type or complete in black pen.

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>
<b>Address:</b>		
<b>Telephone No. (home):</b>	<b>Telephone No. (mobile):</b>	
<b>E-mail:</b>		

**Have you done any voluntary work before?**    Yes    No

**If yes, please give details:**

**Do you have experience of people with a learning disability?**    Yes    No

**If yes, please give details:**

**Why would you like to work as a volunteer?**

  
  
  
  
  
  
  

**What interests you about volunteering with Merton Mencap?**

**Please tell us about the skills, experience or knowledge you have to offer:**

**Please tell us the areas of work you are particularly interested in doing for us:**

**How much time do you have available for volunteering?**

**Please tell us if you are available for specific hours / days / weeks / months?**

**We require all our volunteers to understand safeguarding, good health and safety practice equal opportunities and we may require you to take part in various training.**

**Would you have time available for this?**

**Is there any other training which you would hope we could provide?**

**Do you own or have personal transport?**  Yes  No

**If yes, are you prepared to use it whilst volunteering?**  Yes  No

*(mileage expenses paid)*

### Employment History

Please complete in reverse historical order, i.e. starting with your current/most recent employment and ending with your first employment. Please include both paid and unpaid jobs, and continue on a separate sheet if necessary. If you have had no previous employment please state this.

Employer	Post Held	From	To

Please give details of two people (not relations) who can provide a character reference for you.  
We will contact them in confidence and may follow up by telephone.

<b>Name:</b>	
<b>Address:</b>	
<b>Tel no:</b>	<b>Email:</b>
<b>Occupation/relationship to you:</b>	

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## **Merton Mencap**

### **DBS Self-Disclosure Form**

#### **For roles involving working or volunteering with children and/or vulnerable adults**

The Rehabilitation of Offenders Act 1974 allows Merton Mencap to ask about criminal backgrounds of people applying for employment or voluntary roles. This is because the work is with children and/or vulnerable adults.

You must disclose your criminal background here and it will be a condition of working for with us that you apply for an enhanced disclosure from the Disclosure and Barring Service.

You must list on the attached form details and dates of spent and unspent convictions, cautions, reprimands and final warnings. You must also list below other relevant non-conviction information, such as police enquiries and pending prosecutions.

If you have none of the above to declare, please write “nothing to disclose” on the form.

Please sign the declaration at the end of the form, sign it, and return the form, marked “private and confidential”. We take confidentiality very seriously; only those involved in the recruitment decision will be informed about what is on the form.

Disclosure of offences does not automatically bar you from working for Merton Mencap. We welcome applications from people with a variety of backgrounds. Criminal records will only be taken into account where the conviction is considered relevant to the position. If you have a criminal record, you are welcome to attach further information you think may help our understanding and decision making.

## DBS Applicant Information

**For roles involving working or volunteering with children and/or vulnerable adults**

Title (Mr/Mrs/Miss/Ms): \_\_\_\_\_ Surname/family name: \_\_\_\_\_

First names: \_\_\_\_\_

<b>Spent and unspent convictions</b>			
Date	Place	Offence	Sentence
<b>Cautions, reprimands &amp; final warnings</b>			
Date	Place	Details	
<b>Non-conviction information (such as police enquiries, pending prosecutions)</b>			

**Declaration**

I declare that all the particulars I have given are true and complete.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**MERTON MENCAP: EQUAL OPPORTUNITIES MONITORING FORM**

In order to ensure our equal opportunities policy is being carried out, it would help if you could complete this form. Any information provided will be used for equal opportunities monitoring only and will play no part in recruitment or selection decisions for paid staff or volunteers.

Your full name: \_\_\_\_\_

1. Are you                      male                                  female
2. Is your age group            under 18                          18 - 29                                  30 – 39              
    40 – 49                          50 - 59                                  60+
3. Are you                                      single                                  married
4. Do you have a physical or sensory impairment?            yes                                  no
5. Do you have a learning disability?            yes                                  no
6. Have you ever suffered from a mental illness?            yes                                  no
7. Are you                      employed full time                                  employed part time              
    retired                                                            unemployed                                        
    a student                                                            a carer                                        
    other
- please specify: \_\_\_\_\_

8. What is your ethnic origin?

- |   |  |
|---|--|
| <p><b>White</b></p> <p>British                      <input type="checkbox"/></p> <p>Irish                        <input type="checkbox"/></p> <p>Any other white -<br/>please specify            <input type="checkbox"/></p>   | <p><b>Mixed</b></p> <p>White &amp; black                      <input type="checkbox"/></p> <p>Caribbean                        <input type="checkbox"/></p> <p>White &amp; black African            <input type="checkbox"/></p> <p>White &amp; Asian                      <input type="checkbox"/></p> <p>Any other mixed<br/>background – please<br/>specify</p> |
| <p><b>Asian or<br/>Asian British</b></p> <p>Indian                        <input type="checkbox"/></p> <p>Pakistani                      <input type="checkbox"/></p> <p>Bangladeshi                      <input type="checkbox"/></p> <p>Tamil                         <input type="checkbox"/></p> <p>Any other Asian<br/>background -<br/>please specify            <input type="checkbox"/></p> | <p><b>Black<br/>or<br/>Black<br/>British</b></p> <p>Caribbean                      <input type="checkbox"/></p> <p>African                         <input type="checkbox"/></p> <p>Any other black<br/>background -<br/>please specify            <input type="checkbox"/></p>   |
| <p><b>Chinese</b></p> <p>Chinese                      <input type="checkbox"/></p>  | <p><b>Other<br/>ethnic<br/>Group</b></p> <p>Any other – please<br/>specify</p>   |

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**I declare that to the best of my knowledge the information provided by me in this form and any accompanying documents is true and correct. The information on this form may be processed in accordance with the Data Protection Act 1998.**

**Signed:**  
*(by the applicant)*

**Date:**

**Thank you for completing this application form. All information will be treated as confidential.**

**Please return this form, together with the 'CRB Self-Disclosure Form' and 'Equal Opportunities Monitoring Form', in either of the following ways:**

**By post:**

Merton Mencap  
The Wilson Hospital  
Cranmer Road  
Mitcham  
CR4 4TP

**By email:**

[info.merton@swlondonmencap.nhs.uk](mailto:info.merton@swlondonmencap.nhs.uk)