# kc-logo-largeVOLUNTEER APPLICATION FORM

###### Confidential

*Once completed, please return to:*

**Human Resources, Kids’ City**

1-4 Brixton Hill Place

London, SW2 1HJ

**Phone:** 0208 678 5965 **E-mail:** [hr@kidscity.org.uk](mailto:hr@kidscity.org.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Full Name: | | DOB: |
| Address: | | | |
| Mobile Telephone: | | Home Telephone: | |
| E-mail address: | | Best time to contact you? | |

## Please indicate your preferred tasks

Play Leader Play Assistant Administrator Finance

Sports Leader Sports Assistant Other, please specify

### Please tick boxes below to indicate day/s you can attend regularly

### We ask that volunteers are able to commit to a minimum of 100 hours of volunteering e.g. three times a week at the after school club for an academic term

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mon | Tues | Wed | Thurs | Fri |
| am pm | am pm | am pm | am pm | am pm |

**If you are unable to attend regularly but are available for events / projects, tick here**

**Are you currently studying or working Yes  No**

**PARENT/GUARDIAN/CARER PERMISSION** (if under 16yrs old)

I give permission for my son/daughter (please delete as appropriate) to volunteer with Kids’ City and any partner organisations. This includes attending training/meetings/events organised by Kids’ City

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian/Carer Name | |  | | Phone Number |  |
| Address | |  | | | |
| Signed |  | | Date | |  |

**Please provide the names of two referees who are able to write a reference in support of your application. References should not be friends or relatives. The offer of voluntary work with Kids’ City is subject to satisfactory references and we reserve the right to request additional references where necessary and to withdraw our placement offer if references are not received.**

|  |  |
| --- | --- |
| REFEREE 1 | **REFEREE 2** |
| Name:  Occupation / Status:  Address:  Telephone number: E-mail address: | Name:  Occupation / Status:  Address:  Telephone number: E-mail address: |
| **We are unable to start any volunteer without satisfactory references.** | |

|  |  |
| --- | --- |
| Name of Emergency Contact: | Relationship: |
| Contact Number: |
| Address: | |

**EDUCATION, WORK HISTORY (including voluntary work) AND QUALIFICATIONS (please include any present study)**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation and role | Dates from Month / Year | Dates to Month / Year | Any Qualifications gained |
|  |  |  |  |

Please state any additional support you may require.

|  |
| --- |
|  |

Please use the space below to give reasons why you would like to volunteer with Kids’ City and any other information you would like to provide.

|  |
| --- |
| *If there is not sufficient space here, please attach additional sheets* |

To ensure the safety of vulnerable service users, we carry out police checks through the Disclosure and Barring Service (DBS) for all Kids’ City volunteers and staff over 16 years of age. Please note that exemption under the Rehabilitation of Offenders Act 1974 does not apply. You **must** include details of convictions, cautions, reprimands and final warnings, includingspent convictions, **including those related to juvenile offences**.

GUIDANCE FOR APPLICANTS WITH CAUTIONS OR CONVICTIONS

If the conviction is of a serious nature it is unlikely we will be able to offer you a volunteer role however each case will be assessed individually by a panel. If we do not receive detailed information we will have no option but to turn down your application as we need full details to access applications effectively. We will generally ignore minor convictions and convictions that have no relevance to the type of work offered e.g. driving disqualification unless for a driving post.

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of any criminal offences or been given a caution or reprimand? | | YES  NO | |
| Are you aware of any other circumstances that might affect your suitability to work, or be in regular contact with children? | | YES  NO | |
| Have you ever had a child removed from your care or placed on the “At Risk” register? | | YES  NO | |
| If you have answered yes to **any of the above**, please give details including dates and details of any sentencing below. | | | |
| *If there is not sufficient space here, please attach additional sheets* | | | |
| Have you had an Enhanced Disclosure issued within the last 3 years for working with children? | | | YES  NO |
| if you have answered yes, please provide the Disclosure number and date of issue (if known) | | | |
| Disclosure number: | Date of issue: | | |

**By signing this form you confirm that information provided in support of this application is complete and true and understand that knowingly making a false or misleading statement will result in immediate removal from our services.** I declare that I have understood and complied with the requirements stated and I give consent for the information provided to Kids’ City to be held on file and computer with due consideration to the **Data Protection Act 1984**. I further give authority for Kids’ City to pass on information to OFSTED, the DBS and partner organisations I am placed as a volunteer with**.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

**Only completed and signed applications will be accepted**

# EQUALITY OF OPPORTUNITY MONITORING

Kids’ City believes volunteering should be accessible to all. To help us ensure we adhere to our Equal Opportunities Policy, we ask you to complete this form. Whilst this is not mandatory, your help would be much appreciated. This sheet will not form part of your application and will remain confidential.

**Gender**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male |  | Female |

**Age Group**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 14-18 |  | 19-24 |  | 25-34 |  | 35-44 |  | 45-54 |  | 55-64 |  | 65-74 |  | 75+ |

## Employment status

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Student |  | Employed  (part-time) |  | Employed  (full-time) |  | Self- employed |  | Retired |  | Unemployed, if so, for how long? |

|  |  |
| --- | --- |
| Postcode |  |

|  |  |
| --- | --- |
| How did you hear about volunteer opportunities at Kids’ City? |  |

## Would you consider yourself to belong to any of the following groups?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Special educational  needs |  | Refugee  status |  | Asylum Seeker |  | Lone Parent |  | Physical disability |  | Learning disability |  | Income Support |

**Ethnic monitoring**: the following categories are those recommended by the Equality and Human Rights Commission under the guiding principles for choosing ethnic monitoring categories for organisations operating in England and Wales.

## A. White

|  |  |
| --- | --- |
|  | English / Welsh / Scottish / Northern Irish / British |
|  | Irish |
|  | Gypsy or Irish Traveller |
|  | Any other White background. Please state: |

##### 

### B. Mixed / multiple ethnic groups

|  |  |
| --- | --- |
|  | White and Black African |
|  | White and Asian |
|  | White and Black Caribbean |
|  | Any Other Mixed / multiple ethnic background. Please state: |

**C. Asian / Asian British**

|  |  |
| --- | --- |
|  | Indian |
|  | Pakistani |
|  | Bangladeshi  Chinese |
|  |
|  | Any Other Asian Background. Please state: |

### D. Black / African / Caribbean / Black British

|  |  |
| --- | --- |
|  | Caribbean |
|  | African |
|  | Any Other Black Background. Please state: |

### E. Any Other Ethnic Group

|  |  |
| --- | --- |
|  | Arab |
|  | Any Other Background. Please state: |