

# **VOLUNTEER APPLICATION FORM**

# **PARENT CARER CONNECT**

## CONFIDENTIAL

**(If you would prefer this form in large print, or if you need support to complete it, please contact us on 01723 850155)**

### Full Name……………………………………………………………………………………...

Address:………………………………………………………………………………..…………….…………………………………………………………………………………………….

Telephone: Home…………………………..…. Mobile………….…………………………

Email ……………………………………………………….

Date of Birth:……………………………………………….

Where did you hear about this volunteering opportunity? ………………………………

…………………………………………………………………………………………………

|  |
| --- |
| Please tell us about your lived experience and why you would like to volunteer as a Peer mentor  |
| Do you consider yourself to have a disability as defined by the Disability Discrimination Act?Yes [ ]  No [ ]  |
|  |  |
| Do you require any special arrangements to enable you to attend an interview?Yes [ ]  No [ ] If yes please give details |
| This post may be subject to a Standard DBS checkAs this post may involve access to vulnerable people within the community, you may be required under the Rehabilitation of Offenders Act 1974 to reveal both spent and unspent convictions.Note : People volunteering for consultation work only **will not** be required to have a DBS check or to provide references.Have you ever had any criminal convictions?Yes [ ]  No [ ] If, yes, you will be required to provide written details of the offences should you be selected for interview, including type of offence, date, sentence, fine etc. Such information will be completely confidential. |

Please supply 2 references (not relatives) who know you well.

***(If volunteering for consultation work only this section may not apply)***

**Reference 1**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Daytime telephone |  | Email |  |
| How does this person know you and for how long |  |

**Reference 2**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Daytime telephone |  | Email |  |
| How does this person know you and for how long |  |

**Declaration**

This application is a true and honest representation of me and my experience. I agree that Carers Plus Yorkshire may verify this information, including contacting the above named references.

Signature………………………………………… Date……………………………

Please return to:

**FREEPOST RSBA-HSHU-YKZZ**

**Carers Plus Yorkshire**

**96 High Street**

**Snainton**

**Scarborough**

**YO13 9AJ**

Tel: 01723 850155 or 01609 780872 Email: admin@carersplus.net