**Volunteer Registration Form**

**Thank you for applying to volunteer. Please note that you cannot start the role until the safe recruitment process has been completed. This includes confirmation of the outcome of a check of the Disclosure and Barring service for eligible roles.**

# VOLUNTEER ROLE

|  |  |
| --- | --- |
| Name of Parish: |  |
| Role(s) you are volunteering for:  |  |

# PERSONAL INFORMATION

|  |  |
| --- | --- |
| Title  |  |
| First and additional names |  |
| Surname  |  |
| Address  |  |
| Postcode  |  |
| Preferred telephone number  |  |
| Email address |  |

**APPLICANTS WHO ARE NOT UK CITIZENS**

You are only allowed to volunteer if your immigration status permits it, so please check that you are entitled to volunteer, to avoid breaching the terms of your status. You can find further information about different visa rules on this [government webpage](https://www.gov.uk/browse/visas-immigration). Irish citizens, EU/EEA citizens with settled or pre-settled status, and refugees and asylum seekers are fully entitled to volunteer.Are you permitted to volunteer in England and Wales? Please tick

|  |  |
| --- | --- |
| Yes |  |
| No |  |

# SKILLS, EXPERIENCE AND PERSONAL QUALITIES

Please describe your skills, experience and personal qualities and how you think they will help you in the roles you are seeking to volunteer in.

# REFEREES

Please provide the names and addresses of two people who would be willing to provide a reference for you. Ideally, these will be people that have known you for at least 2 years e.g. current or previous employer, somebody from another volunteering role, friend, neighbour or tutor. Your Parish Priest, Deacon, members of your diocesan safeguarding team or family members cannot be used as referees. We will be contacting the people you detail below for the purpose of obtaining a reference for you, in respect of this specific role. You must seek permission from your referees, in advance of providing their contact details for the purpose of providing a reference. Please confirm below for each referee, that you have obtained their consent.

|  |  |
| --- | --- |
| **Referee 1** |  |
| Name and capacity in which the person knows you |  |
| Full address (including postcode)  |  |
| Telephone number |  |
| Email address |  |
| I confirm that consent has been obtained from the referee, to provide their name and contact details, for the purpose of providing a reference for this specific role. |  |
|  |  |
| **Referee 2** |  |
| Name and capacity in which the person knows you |  |
| Full address (including postcode)  |  |
| Telephone number |  |
| Email address |  |
| I confirm that consent has been obtained from the referee, to provide their name and contact details, for the purpose of providing a reference for this specific role. |  |

# REHABILITATION OF OFFENDERS ACT 1974

If the role that you are seeking to volunteer for involves working with or has access to children or adults at risk, you may require a Disclosure and Barring Service check. If this is the case, the role description will state that the role is exempt from the Rehabilitation of Offenders Act. If you are seeking to volunteer for such a role, you are not entitled to withhold information even if you have convictions which would ordinarily be considered to be “spent”.

Before you take up a voluntary position with children or adults at risk you will be asked to disclose any previous, existing or pending convictions or cautions. This will be in addition to completing a Disclosure and Barring Service check.

Possession of a conviction or caution will not necessarily mean that you will not be able to volunteer. Each case will be considered individually.

If you fail to disclose any criminal convictions or cautions, including those “spent”, it could result in you not being able to volunteer.

# PRIVACY STATEMENT

The information that you provide on this form will be processed in accordance with the UK General Data Protection Regulation, the Data Protection Act 2018 and our Privacy Notice which is attached. This form will be held securely, confidentially, will not be shared with third parties and will be retained in accordance with our record retention schedule.

# DECLARATION

I understand that providing misleading or false information may disqualify me from volunteering.

|  |  |
| --- | --- |
| Signature:  | Date:  |
|  |  |