Volunteer Application Form

Thank you for your interest in volunteering for Calvert Trust Exmoor. Please complete this form and return to the address provided. If you need assistance to complete the form please contact us and we will be happy to help.

The information you provide is strictly confidential. We welcome applications from people of all abilities, backgrounds and communities. Calvert Trust Exmoor abides by the Data Protection Act 1998 and operates an Equal Opportunities policy.

# Date Applied: Preferred Activity:

**Personal Details**

Title (Miss/ Mrs/ Mr/ etc)........................... Surname: .............................................................................

Forenames: ................................................................................................... Male Female

Address:...................................................................................................................................................

........................................................................................................ Postcode: .....................................

Email: ....................................................................... Date of Birth: ..............................................

Telephone (Home/Work/Mobile): ............................................................................................................

# Age restriction

For Health & Safety reasons, we can only accept volunteers/work placements to stay overnight that are aged 18 or over at the time of volunteering.

Do you have a current driving licence? **Yes / No**

Do you have any driving convictions / points? **Yes / No**

Do you have a licence to drive a minibus? **Yes / No**

Have you worked/volunteered for Calvert Trust Exmoor in the past, or any of our sister Centres (Kielder or Lake District)? **Yes / No**

If yes, please give details:

.................................................................................................................................................................

.................................................................................................................................................................

# Criminal Convictions

Have you ever been convicted in any Court of any Criminal Offence? **Yes / No**

If yes please give details

.................................................................................................................................................................

.................................................................................................................................................................

Have you completed a Disclosure and Barring Service Check (DBS) within the last 12 months? (Formerly known as a CRB check) **Yes / No**

# N.B. Under the provision of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, applicants are required to disclose information concerning all convictions including ‘spent’ convictions. Failure to disclose relevant information could result in dismissal or disciplinary action. Some of our volunteer roles will require the satisfactory completion of a Disclosure and Barring Service Check (DBS) as to the existence and content of a criminal record of persons where the opportunity exists for substantial and unsupervised access to children and people with disabilities. Any information will be treated in strict confidence and will be considered only where it is felt to be relevant to a particular job or situation. Your permission will be sought to carry out the Police check following an offer of appointment but you should realise that refusal to give permission could prevent confirmation of your appointment.

**Please tick here to confirm you consent to a DBS check where appropriate □ Disabilities, Medical or Dietary Requirements**

Do you have a disability? Are there any medical or dietary requirements we should be aware of? You may consider the need to evacuate the building in under 3 minutes in the event of fire, adverse reactions to loud noises, allergies etc

................................................................................................................................................................

................................................................................................................................................................

# Emergency Contact Details

Name: ......................................................................................................................................................

Relationship to you: .................................................................................................................................

Address: ..................................................................................................................................................

Telephone Day: ......................................................... Evening: ..............................................................

# Which Volunteer Roles are you interested in?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General | □ Office | | | □ |
| Activities | □ Maintenance | | | □ |
| Stables | | □ Catering | □ | |
| House Keeping | | □ Gardening | □ | |
| Fundraising | | □ Events | □ | |

**Please give us details of when you would like to volunteer by ticking the appropriate box (or boxes):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Evening** | **Comment** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |

**Please provide your desired dates for volunteering:**

.................................................................................................................................................................

# How often would you like to volunteer?

Weekly □ Fortnightly □ Monthly □ Other (specify) □

.................................................................................................................................................................

# Do you require accommodation? Yes / No

**Please note**, we do offer residential volunteering opportunities. However, due to limited accommodation spaces for volunteers the maximum length of stay we can offer is three weeks. We do not charge for residential volunteering opportunities, but a donation towards costs in the region of

£10-15 per night (including all meals) would be very welcomed. Thank you.

If you are staying at the Calvert Trust Exmoor as a volunteer, please note that you may have to share a room with another volunteer. It is important to notify the Volunteer Coordinator if you are not comfortable with this as it may affect what opportunities are available.

If you would like more information about residential volunteer opportunities then please contact us on [volunteer@calvert-trust.org.uk](mailto:volunteer@calvert-trust.org.uk).

# Please tell us your reason for wanting to volunteer at Calvert Trust Exmoor and what skills you can bring (eg. can you paint, do you know plants from weeds?):

.................................................................................................................................................................

.................................................................................................................................................................

……………………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………...

# If called for an interview, would you need any facilities or assistance to help you attend? E.g. Ramp access, large print material. If so, please provide details:

.................................................................................................................................................................

.................................................................................................................................................................

**How did you hear about volunteering for Calvert Trust Exmoor?** ......................................

....................................................................................................................................................

# References

In order to protect the interests of Calvert Trust Exmoor, we need to ask you to provide details of a referee who is not related to you by blood or by marriage.

Name: ..........................................................

Address: .......................................................

......................................................................

Postcode: .....................................................

Telephone Number: .....................................

Email: ...........................................................

How do you know this person?...........................................................................................

# Personal Declaration

I declare that the information provided is to the best of my knowledge true and complete.

I agree that the failure to disclose relevant information may render this application and any subsequent applications invalid. I confirm that if I have organised a live-in volunteer opportunity, I am happy to share the designated volunteer room with another volunteer. In accordance with the Data Protection Act 1998, I agree that Calvert Trust Exmoor may hold and use the data provided in this form for the purpose of administering and supervising my work with the charity. I confirm I have read the Volunteering Policy. I understand that Calvert Trust Exmoor hold the right to terminate my placement as a volunteer at any time; there is no formal contract of employment. However, we will expect you to comply with the relevant parts of the Code of Conduct in our Staff handbook. You will be made aware of these as part of the induction process.

All of the above information is to the best of my knowledge, correct. I will inform Calvert Trust Exmoor of any relevant changes to my medical circumstances, and give my consent for emergency treatment, including anaesthetic, as considered necessary by the medical authorities. I am aware of the nature of the activities, in that there is an element of risk and I voluntarily accept the risks involved.

Please tick this box if you are NOT happy to be contacted about volunteering at Calvert Trust Exmoor in the future

I do not give permission for my photograph to be used in any Calvert Trust/Discover Wistlandpound publicity, marketing, printed material or website I do not give permission for my details to be added to any Calvert Trust/Discover Wistlandpound marketing or fundraising database.

Name (BLOCK CAPITALS): ....................................................................................................................

Signed: ....................................................................................................................................................

Date: ........................................................................................................................................................

# Please return this form to:

Volunteer Coordinator Calvert Trust Exmoor Wistlandpound Kentisbury Barnstaple

EX31 4SJ

Telephone: 01598 763221

Email: [volunteer@calvert-trust.org.uk](mailto:volunteer@calvert-trust.org.uk) Website: [www.calvertexmoor.org.uk](http://www.calvertexmoor.org.uk/)