



the brain injury association

Headway Bradford Volunteer Application Form

Please complete all sections of the form and sign the declaration at the end before returning to: **Headway Bradford, CP3, The Kirkgate Centre, 39a Kirkgate, Shipley, BD18 3EH** or email: **headway_bradford@hotmail.co.uk**

Personal details (please use block capitals)

Last name: _____ Mr/Mrs/Miss/Ms/Other: _____

First name: _____

Address: _____

Post Code: _____

Home telephone number: _____

Day time telephone number (if different): _____

Email address: _____

Person to Contact in Case of Emergency: _____

Telephone: _____

If you have any illness or disability of which you would like us to be aware, please give details:

How did you hear about Headway?

Have you had any previous connections or involvement with Headway?

Do you have any knowledge of, or experience of working with the head injured?

Availability

Please give details of any existing work/voluntary commitments:

Please tick to indicate when you are most likely to be available to volunteer. Please give as many alternatives as possible. Flexible times can be arranged.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----|--------|---------|-----------|----------|--------|
| AM | | | | | |
| PM | | | | | |

What skills and experience can you bring to Headway?

(previous employment / voluntary work / training / relevant personal experience / interests, please give brief details)

What do you think you will gain from volunteering with Headway?

What made you decide to apply to be a volunteer for Headway?

What time commitment are you able to offer to Headway?

Referees

Please provide us with the names and addresses of two people who can be asked to provide references.

Name: _____

Name: _____

Address: _____

Address: _____

Tel No: _____

Tel No: _____

Email: _____

Email: _____

In what capacity have they known you?

In what capacity have they known you?

Rehabilitation of Offenders Act 1974

Do you have any previous convictions (including convictions which for other purposes would be classed as 'spent' under the terms of the Rehabilitation of Offenders Act)?

YES / NO (Please delete as applicable)

If YES, please give details of offence(s) and sentence on a separate sheet, enclosed in an envelope marked 'Confidential' and addressed to 'The Chief Executive'

Disclosure and Barring Service

Are you willing to undergo a DBS check?

YES / NO (please delete as applicable)

Headway Bradford aims to promote equality of opportunity for all with the right mix of talent, skills and potential. We welcome applications from diverse candidates.

Thank you for your interest. Please note that we do normally need two satisfactory references before you can start as a volunteer and we cannot always guarantee a role. Some volunteering jobs will be subject to a satisfactory DBS check.

I declare the above information is correct

Name:

Signature: Date:

FOR OFFICE USE ONLY

Interviewed by: _____

Date: _____

References requested (date): _____

References received (date):

| | |
|-----------------------------|----------|
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| Setting Up a Branch | 23/03/17 |