

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with 4thechildren Children charity No: 1166434

Personal Details:

Mr. Mrs. Miss. Ms		
Full Name:		
County:	City:	Post code:
Telephone: (Home):		(Mobile):
E-Mail:		
		Year:
	First Name:	Surname:
		(Mobile)
Email:	Relationsh	ip:
Health		
(Have you ever had any p aware of?)	hysical or mental illness,	operation or a disability that we should be

Equal Opportunities.

4thechildren is committed to equal opportunities and all volunteer recruitment decisions will be based on suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, colour, nationality, religion, sex, marital status, family status, sexual orientation, disability and age. 4thechildren fully endorses a working environment free from discrimination and harassment.

4thechildren charity is committed to standards of excellence in Child Protection practices where your volunteer role may have direct contact with children.(CRB Checks required)

Have you ever been convicted of an offence in the United Kingdom or elsewhere?

Yes 🗌 No 🗌

If you ticked yes, please provide more information details below

Education

(Please provide details of last institution attended or relevant qualifications gained)

The Greek alphabet

Institution	From	То	Level	Subject	Result

Work Experience

(Briefly describe any relevant work experience that you feel may benefit the organization)

Your Skills and Interests

1. Have you ever done any volunt	ary work before? Yes	No 🗌
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If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to volunteer for 4thechildren?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Are you applying for a specific position? Yes	No 🗌
If yes, please write the following; Role name:	
Reference if applicable:	
5. What kind of voluntary work interests you?	
Fundraising	Database & IT
Penny boxes collection	Events organizing
School Based Activities	Public speaking
Project Based Volunteering	Leaflet distribution
Shop assistant	Stall / Exhibition
Clothe Steaming	Other

6. When are you available for voluntary work?

Totally Flexible

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

7. How long do you intend to volunteer for?

(Note that some opportunities demand a minimum time commitment)

8. How did you find out about volunteering with 4thechildren?

4thechildren Website

- Leaflet / Poster
- □ Word of Mouth

Internet: _____

Other: _____

A job center Centre

Media Radio / Television / Newspaper

References

1. Name:	Relationship:	
Place of Work:	Position:	
Telephone: (Home)	(Mobile)	
E-Mail:		
2. Name:	Relationship:	
Place of Work: (If applicable)	Position:	_
Telephone: (Home)	(Mobile)	
F-Mail [.]		

If you have any queries when completing this application form, please phone (0300 0300 010) or E-mail (info@4thechildren.org.uk) if you would like to find out more about (4TC) Children Charity, log onto our website www.4thechildren.org.uk

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of 4thechildren.

For office use only	Notes
Volunteer Position	
Volunteer Interview	
Volunteer Role Description sent	
References Collected	
Volunteer Start Date	
FOR OFFICE USE	
Volunteer Ref:	Date:

Volunteers play a vital role in the communities of our charity across the network of 4thechildren. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.