**First Steps Forward - *Best Start for All* Volunteer Registration Form CONFIDENTIAL**

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| NAME  | Date of Birth |  |
| Age |  |
| ADDRESS  | Tel No**Home** |  |
| Tel No**Mobile** |  |
| Email |  |
| How long have you lived at this address? If this is less than 5 years please supply previous addresses for the last 5-years: |
| What do you prefer to be called? |

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| How did you hear about BSFA? |

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| **Have you worked with children or families before?** Yes [ ]  No |
| If so, where? |
| Have you any experience of issues that might affect our families e.g. parenting, trauma? Yes No |
| If so what issues affecting who? E.g. family member, yourself, friend |
| What is the minimum time you can offer to BSFA?  |

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| **Please tell us when you would be available to get involved** |
| ALL | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| morning |  |  |  |  |  |  |  |
| afternoon |  |  |  |  |  |  |  |
| evening |  |  |  |  |  |  |  |
|  |
| How will you get to your volunteer placement? (i.e. car, bicycle, public transport, walk)  | If you are using your car do you have a clean driving License? Yes No (please give details):You will need to tell your insurer that you are using your vehicle for volunteering purposes. Are you happy to do this? Yes No  |
| Have you any commitments that could affect your work with BSFA? |
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| Please describe any special skills, knowledge or qualifications you have related to this opportunity? |
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| What particularly interests you about this opportunity? |
| . |
| What activities or situations would you prefer not to get involved with? |
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| Please give the name and full address of 2 people (not relatives) who can provide a reference. Where possible 1 of your references should be a professional relationship e.g. child’s teacher, employer, colleague, college lecturer and preferably someone who can comment on your suitability to work with children. Please ask the persons permission to before  |
| **Reference 1** | Reference 2 |
| **Name:****Address:****Email:****Tel No:** | **Name:** **Address:****Email:****Tel No:** |
| Do you have any special requirements to allow you to take part in any of the BSFA activities? |
| Access Requirements:Literacy or numeracy:Dietary:Disability (including Learning disability):Ill-health (including mental health):Other: |
| BSFA Volunteers are likely to be visiting families in their own homes and have contact with children. We have a responsibility to ensure that volunteers do-not misuse this position of trust.Therefore it is essential you complete and sign this form.Previous convictions do-not necessarily preclude you from becoming a volunteer. The age and nature of any offence as part of the assessment of your application. |
| **Full name:** |
| **Have you had any contact with Children’s Social Services, or the NSPCC in relation to children in your care?** | Yes/No |
| **Have you been dismissed from any paid or voluntary work?** | Yes/No |
| **Have you been convicted of any criminal offence (including spent convictions)?** | Yes/No |
| **Are there any matters outstanding that could lead to a criminal prosecution?** | Yes/No |
| **If you have answered yes to any of the above questions, please give details below, or on a separate sheet, or in a sealed envelope for the attention of the Coordinator:** |
| **I give permission for VANL to carry out DBS checks at an enhanced level.****Yes** **I give permission for my information to be kept in a secure file at the VANL Office and contact details to be stored on the VANL Database.****Yes****This information will kept confidential.****I declare I know of no reason why I should not be a BSFA Volunteer:****Signed: Date:** **Print name:** |
|  |
| **For office use only:** |  |  |
| Date Reference 1 sent: | Date Reference 2 Sent: | DBS submitted | DBS Cleared |
|  |  |  |  |  |
| **Administration** |  |  |
| Entered on **Vol Net**  | Date |  | Initial |  |  |
| Training completed | Date |  | Initial |  |  |