**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? | | | | | | | | | | |
|  | | | | | | | | | | |
| 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:** | | | | | | | | | | |
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| **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 | |  |  | |