**Application form for enact Volunteer for children and family provisions**

Please complete this form in BLOCK CAPITALS. All information will be treated as confidential.

*These questions are to help us learn about you and provide a great volunteer experience, each section should only be about 100 words. If you need assistance in filling out this form, please contact us and we can arrange to meet and discuss your application in person– we do not want you to be put off by this form.*

What made you choose to volunteer at enact community?

Please use this space to tell us of your past/present work or volunteering experience.

Why do you want to volunteer? And what do you hope to get out of volunteering?

Emergency Contact

First Name Relationship to contact:

Surname Mobile number

Address: Email:

Postcode

|  |  |
| --- | --- |
| **Your details**  First Name:  Surname:  Address:  Postcode: | Mobile telephone number:  Email address:  Date of Birth: |

Referees: **Please supply details of up to two people who could provide us with a reference this could be professional or personal. We cannot accept a reference from a relative. Enact** **will write in confidence to your referee and may follow up with a phone call. *Please don’t be put off if you can’t supply referees at this stage, just leave this section blank.***

Name:

Relationship to this person:

Address:

Telephone: Email

Please confirm and tick the box if you have received the referee’s permission to give us their address, and are happy for us to contact them [ ]

**DBS:** All volunteers working in Enact provision will be asked to complete a DBS application in order to provide a unique DBS registered number, **please note that Volunteers who will be working with children or vulnerable adults are subject to the provision of the Rehabilitation of Offenders Act 1974.** We can also receive a DBS number if you are registered using the update service.

* Is there any reason why you might be concerned about us conducting a DBS check?

Yes **\_\_\_** No**\_\_\_**

**If yes please state**

* Shall we conduct a new application or use an update service reference?

New **\_\_\_** Update**\_\_\_**

I consent to completing an induction course before starting volunteering

Sign………………………………………………………….. Date…………………………………………………….

Declaration: I declare that to the best of my knowledge the information in this Application Form is true and correct.

Signed:………………………………………………………………………. Date:………………………………………………..

**Please see timetable for a list of activities**

Which activities would you like volunteer for?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday  Kids Club Tots  *Stay-and-Play for Under 5’s*  10-11.30am | Thursday  Kids Club Tots  *Stay-and-Play for Under 5’s*  10-11.30am | Friday |
| Kids Club Football Training  7 to 13 year olds  5-6pm  Oasis Enfield Astro | Silhouettes Youth  Youth Surgery  *Booked activities only*  4-5.30pm  Silhouettes Youth  Youth Drop-in  11 to 19 year olds  7-9pm | Silhouettes Kids Club Tots | Silhouettes Kids Club Tots  Kids Club Infants  *4 to 7 years old*  4.30-6pm  Kids Club  *7 to 11 years old*  4.30-6pm  Silhouettes Sixeight  Leaders Training  *Volunteers aged 11-16*  6.15-8pm | Silhouettes Youth  After-School  Drop-in  *10-13’s*  4-5.30pm  Silhouettes Youth  Youth Drop-in  11 to 19 year olds  7-9pm |