



Volunteer Application Form

1. Personal Information

Title:	Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)
Forename(s):	Date of Birth:
Surname:	Place of Birth:
Address:	Nationality:
	How long lived in UK?
	Immigration status:
	Are you disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode:	If yes, nature of disability:
At Current Address Since: ___/___/___	
Home Tel No:	
Mobile Tel No:	Religion:
Work Tel No:	Ethnicity:
Email:	Sexuality:
Where did you hear about Hackney Family Backup?	First Language:
	Other Languages:

If applicable, please complete your address history for the last five years:

Address:	Dates (MM/YYYY):
	From ___/___ to ___/___
	From ___/___ to ___/___
	From ___/___ to ___/___
	From ___/___ to ___/___

If you are applying to be a Family Support Volunteer, you do not need to complete this page – please go to section 7. If you are applying to be a respite carer, please complete both sections and if you are applying to be a homesitter, please complete section 6 only, then go to section 7.

5. Accommodation and Household Members:

a) Tell us more about your home...

House Flat Bungalow Garden Stairs Lift

No of bedrooms Which floor?.....

b) Where would an additional child/young person sleep?

.....

c) Please give details of other members of your household including children, lodgers, friends or significant others (nb all household members over the age of 16 will also require a police check)

Name	Male or female	Date of Birth	Relationship to you

d) Do you have any pets? If so, please tell us their names and type/breed.

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6. Additional Information

a) Have you or your partner ever applied to become a childminder or to foster or adopt a child? Yes No

b) If yes, which agency or borough did you apply to?.....

c) Please give dates, details and outcome of your application.

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d) Do you have your own transport? YES NO

7. Consent to Statutory Checks

In order to protect children, we have to take out **references**, and conduct **police, social services**, and **medical checks** on you. We will not carry out these checks until you have met with a HFBU staff member, and any information we receive about you will be kept confidentially and used fairly. Having previous convictions, involvement with social services, or health needs will not necessarily stop you from becoming a volunteer here.

References:

Please give the names of two personal referees who you have known for two years or more who are **not** relatives.

Name	1.	2.
Address		
Tel No		
How known to you? E.g. friend, colleague		

Please state your GP's name and address:

Name of GP	
Name of surgery	
Address	
Tel No	

STATEMENT: I accept that Hackney Family Backup has a responsibility to ensure the safety of children using the scheme. I therefore give my consent to Hackney Family Backup to carry out the above checks. I also give consent for the information on this form to be held and processed by Hackney Family Backup in written and/or computerised records, for the purposes of service provision and monitoring.

Signature **Date.....**

Thank you for completing the form. All information on this form is kept strictly confidential to Hackney Family Backup. Please return to:

**Hackney Family Backup,
The Print House, 18 Ashwin Street, London E8 3DL
Tel. 020 7275 0088 Email: admin@hfbu.org.uk**