# BCA Independent Advocacy Services

# VOLUNTEER'S RECORD/APPLICATION FORM

### STRICTLY CONFIDENTIAL

(Due to the vulnerability of the client group we work with all volunteers will be asked to undergo an enhanced Criminal Records Bureau Check)

#### SECTION ONE - PERSONAL DETAILS

Full Name:	
Current Addres s:	
Postcode:	
Date moved here*	
e-mail	
Phone:	Day:
	Evening:
	Mobile:
Date and place of birth	

\* if at this address for less than 5 years please also give your previous addresses for last 5 years as we need these addresses for your CRB check



#### **S**ECTION TWO – EXPERIENCE

Past/present work experience including voluntary work

Other useful experience/skills/education/training

Interests/hobbies

Why do you want to volunteer with BCA?

When are you available to volunteer e.g. during the day, evenings or at weekends?

Is there anything else that you would like to tell us about?

## SECTION THREE – REFERENCES

We need details of two people who know you, neither of whom should be a relative, who could supply a reference for you. We ask for references in addition to the CRB check to help us establish a personal profile to help the matching process between volunteer and partner.

Name	Name
Address	Address
How do you know this person?	How do you know this person?
Signed	Date

Thank you for completing this form.

BCA Independent Advocacy Services is committed to an Equal Opportunities Policy and welcomes applications from all people aged over 18 regardless of creed, gender, race or disability.

BCA is registered under the Data Protection Act 1998 and your details will be kept on file and on computer but will not be made available to any other organisation without your permission.

The post of volunteer advocate is exempt under the Rehabilitation of Offenders Act 1974, which means you must reveal all convictions even those that are spent.

Disclosure will be treated in confidence and will not necessarily disqualify you from volunteering with BCA