



Volunteer Application Form

Please do ask the Manager or Supervisor any questions you are unsure of and they will be happy to help you with this form.

Title:	<input type="text"/>	First name(s):	<input type="text"/>	Last name:	<input type="text"/>
Address:	<input type="text"/>			Phone No:	<input type="text"/>
				Email:	<input type="text"/>
Postcode:	<input type="text"/>				

(Please tick one box) ☐ UK or EU national ☐ Non EU national

Have you already had contact with Cry of the Homeless? No ☐ Yes ☐ -please tell us about it:

What has got you interested in volunteering?

What kind of voluntary work are you interested in?

<input type="text"/>
<input type="text"/>
<input type="text"/>

What have you done before?

Please tell us about your previous paid or voluntary work.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Relevant Education, Qualifications & Training;
including any vocational or work based training you have done – or short courses.

Course Title/Description	Qualifications/Levels
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

What times & dates are you available?

Please tell us what times you could be available.

Monday <i>closed</i>	Thursday	How many hours are you looking for?
Tuesday	Friday <i>closed</i>	Sessions – 8:15am – 12:30 12:00 – 4:30
Wednesday		Full day or half day – please state

When could you start?

Anything else you would like to tell us? (e.g. dates you are not available)

REFERENCES

Please give the name, address and occupation of two referees. These can be your present / previous employer, a training agency, college tutor or other. If none of these, please discuss with the Manager.

1)		2)	
Occupation:		Occupation:	
Address:		Address:	
Postcode:		Postcode:	
Tel No:		Tel No:	
How do you know this person?		How do you know this person?	

WHO IS YOUR NEXT OF KIN?

1) Name:		We would only contact this person in the event of an emergency
Relationship:		
Address:		
Postcode:		
Telephone no:		

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DO YOU HAVE ANY MEDICAL CONDITIONS YOU NEED TO MAKE US AWARE OF?

No ☐

Yes ☐ Please write about the condition here: _____

Declaration of Criminal Convictions *(everyone to complete)*

Please give details on a separate sheet, of all criminal convictions (spent and unspent) including date, offence and sentence. The information you provide will be kept separate & confidential.

Declaring a conviction does not necessarily mean you cannot volunteer for us, but if we later find that you failed to declare a conviction, this will be regarded as gross misconduct, and could lead to your volunteering being terminated.

If you have no Criminal Convictions please write *none* here:

and confirm your name & today's date:

Signed:

Date:

The nature of the work for which you are applying may bring you into direct contact with children and young people; therefore this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are required to disclose information about all criminal convictions, both current and "spent".

***Thank you for taking the time to complete this information
and for your interest in volunteering with Cry of the Homeless***

Post to: The Manager, COH Day Centre, Lloyds Court,
Unit 5, 2 Secklow Gate West, Milton Keynes, MK9 3AT.

Email: info.coh@jcc-uk.org

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