|  |  |
| --- | --- |
| KickSTart Logo BIGGER.jpgVolunteer Application - Skills Register Please complete this application form to join our register of volunteers with specialist skills.  Applicants must be over the age of 18. | LOGO 2015.jpg |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| D.O.B. |  |
| Address |  |
| Postcode |  |
| Tel No |  |
| Mobile Phone |  |
| E-Mail Address |  |

## Experience & Motivation

Do you have any prior experience in voluntary work? Yes  No

If yes, please give details:

|  |
| --- |
|  |

Please indicate why you would like to share your skills with young people:

|  |
| --- |
|  |

## Employment

### Which best describes your current employment status (please tick where appropriate?):

Employed  Unemployed  Retired  Studying  Self-Employed

If employed, please state your employer's name and address and your job title and role:

|  |
| --- |
|  |

If studying, please provide information on the name of the course and the educational institution:

|  |
| --- |
|  |

## Skills

Please list the skills you would like to share with young people and the experience and/or qualifications you have in these areas

|  |  |
| --- | --- |
| Skill | Experience/Qualification |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Availability

### During which hours are you available to share your skills?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |
|  | |
| What time commitment are you willing to give? e.g. 1 hour a week, 2 hours a month, 3x 2hr sessions a year ReferencesPlease give details of two referees who are able to support your application. These should not be relatives.  |  |  | | --- | --- | | **Referee 1** Name: | | | Email address: | | | Tel No: | Relationship to you: | | Email: |  | |  | | | **Referee 2** Name: | | | Email address: | | | Tel No: | Relationship to you: | | Email: |  | | |
| We aim to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details of any disabilities or health issues: | | |
|  | | |
| Do you have any unspent criminal convictions under the Rehabilitation of Offenders Act 1974\*?  Yes  No | | |
| If yes, please provide details: | | |

*\*Please note that a criminal record is not necessarily a bar to volunteering. However, due to the nature of mentoring, any conviction(s) will need to be taken into account when assessing your suitability.*

## Agreement and Signature

### I declare the information given on this form is correct. I also give my permission for the referees listed on this application to be contacted by the project.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

**Your details** will be kept in accordance with the data Protection Act 1998/2003. They will be held securely and confidentially and will only be accessed by authorised personnel.

 

Return to: Ruth Northey, Soft Touch Arts, 50 New Walk, Leicester, LE1 6TF or ruth@soft-touch.org.uk