**Volunteer Application Form**

Thank you for showing interest in volunteering with TDAS. Please complete the form below and return to us. If you have any questions, please do not hesitate to contact us.

|  |  |
| --- | --- |
| Name:  |  |
| Address:  |  |
| Contact Number: |  |
| Email: |  |
| Is it safe for us to contact you via the details you have provided?  | Post: Yes/No | Contact number & voicemail: Yes/No | Email address: Yes/No |

**Where did you hear about our organisation? (Please circle the response):**

|  |  |  |  |
| --- | --- | --- | --- |
| Used the service | Volunteer Centre | Word of mouth | Friend/ Family |
| At a talk | In the media | Other (please specify) |

**Age Group (used to compile statistics on volunteer profiles, please circle the response):**

|  |  |  |
| --- | --- | --- |
| Under 18 | 18-24 | 25-39 |
| 40-55 | 55-69 | 70+ |

**Which volunteering roles are you interested in applying for? (Please select all that interest you):**

|  |  |
| --- | --- |
| **Volunteering opportunities:** | **Interested?** |
| Refuge & supported accommodation – supporting women & children |  |
| Floating support/outreach in the community – men, women & children  |  |
| Supporting children & young people  |  |
| Supporting Change Service – providing support and information over the phone |  |
| Programmes for women – helping to facilitate groups  |  |
| Fundraising |  |
| Administration/office support |  |
| Practical help/maintenance  |  |

**Why do you want to volunteer with us?**

Please explain why you would like to volunteer for TDAS and tell us about any experience you have that you feel might be relevant; any work experience, other volunteering or unpaid roles, or personal experience. This could include working in a caring or supportive role, whether that’s at home or at work.

Please note: If you have applied for a specific voluntary role – we ask you to refer to the role description and try to give examples of how your skills/experience support your application.

|  |
| --- |
| Note: Please continue on a separate sheet if necessary. |

**Please list any relevant skills/qualities/qualifications you have which might be useful in our organisation?**

|  |
| --- |
|  |

**Please tick when you would be available:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Evening (until 6pm)** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

**Protecting Children and Vulnerable Adults**

Please be aware that some of our volunteering roles require a Disclosure and Barring Service check (this replaces CRB checks). Some criminal offences will not bar you from volunteering with us and we will make a decision on an individual basis. However, offences including any form of violence, theft or blackmail will automatically disqualify you from volunteering to support vulnerable adults or children.

Other roles, such as administration volunteer or promotions volunteer do not require a DBS check, if you are considering a role supporting vulnerable people then please tell us about any criminal offences:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Do you have a criminal record?

If yes, please give details/dates of offence(s) and sentencing:

|  |
| --- |
|  |

**Equality and Diversity**

TDAS aims to be open and inclusive to all. We welcome diversity in our team and will make all reasonable adjustments to support anyone volunteering with us. We will try to provide access, equipment or other practical support to ensure that our volunteering opportunities are as accessible as possible, we work within the Equalities Act 2010 and welcome volunteers from all backgrounds and circumstances. We particularly welcome applications from people who identify as disabled and will endeavor to support people wishing to contribute through volunteering.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview or undertake your preferred role?** | Yes | [ ]  | No | [ ]  |

If yes, please give details:

|  |
| --- |
|  |

**References:**

Please provide us with the names of two people who are over the age of 18 and are not related to you, who can provide us with references. These can be former/current colleagues, employers, professionals who would be able to comment on your suitability as a volunteer. Please note, we aren’t able to accept references from a friend.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| Name: |  |  |
| Address: |  |  |
| Tel No: |  |  |
| Email address: |  |  |
| Relationship: |  |  |

**Please sign and date your application below:**

|  |  |
| --- | --- |
| Signed: |  |
| Print: |  |
| Date: |  |

Trafford Domestic Abuse Services undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 2018 and GDPR. If you are returning this form by email, you may be asked to sign your application at a later point.

Thank you for completing this application form. Please sign and return to:

Admin: admin@tdas.org.uk

TDAS,

Gorse Hill Studios,

Cavendish Road,

Stretford,

M32 0PS