

**A Centre for Asylum Seekers and Refugees**

3 Wright Street, Hull,HU2 8HR

Tel 01482 205880

All information provided on this form will remain strictly confidential, for use by Welcome House personnel only, in compliance with the statutory requirements of the Data Protection Act 2018. It will be used to help us to understand any specific needs you may have and to support you. We will also use this information to contact you in relation to your activities within Welcome House

**Volunteer Application Form**

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| **Name ( Mr/Mrs/Ms/Miss)** | **Surname First Name** |
| **What name do you like to be known by?** |  |
| **Date of Birth** |  |
| **Contact details** | **Landline Mobile** |
| **Email Address** |  |
| **Address** |  |
| **Please tick as appropriate** | **Male Female Identify in another way Prefer not to say** |
| **Professional skills, qualifications which may be helpful.** |  |
| **Do you speak other languages?** | **Main Language Other languages** |
| **Reason for volunteering** |  |
| **Previous volunteering experience** |  |
| **How would you describe yourself.** |  |
| **Reference**  **Please supply details of a referee.** | **Name How long they have known you**  **Address**  **In what capacity** |

**DBS Check**

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| **Do you have a current DBS?** |  |
| **If yes, which organisation carried out your DBS?** |  |
| **Do you have any objection to Welcome House carrying out a DBS check?** |  |

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| **Is there any information that we may need to consider when placing you as a volunteer to ensure you have a positive experience?** (Medical conditions, additional needs, accessibility requirements, allergies etc.) |  |

**Emergency Contact Details**

If you become a volunteer it is important we know who to contact in case you are injured or become ill while volunteering.

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| --- | --- |
| **Full Name** |  |
| **Relationship to you** |  |
| **Telephone Number** |  |

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By ticking this box I confirm I have consent of the individual listed above to be contacted in the case of an emergency during the course of my volunteering activities at Welcome House.

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| **Declaration.** |
| * I wish to apply to Welcome House as a volunteer and confirm all details given on this form are true and accurate to the best of my knowledge. * I confirm that I will notify Welcome House immediately if any of the details or information provided on this form should change in any way. * I consent to an enhanced disclosure check being made (if applicable) and will abide by the policies and procedures of Welcome House. |

**PHOTOGRAPHS/ VIDEOS** 📷📱

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| --- | --- | --- | --- | --- | --- |
| I give my consent to photographs or videos of me being taken during Welcome House activities for training and/or publicity (including, but not limited to, websites, social media, newsletters and marketing materials. I give this consent understanding that these images will not be given to a third party without my explicit consent | | Yes |  | No |  |
| Signature |  | Date | |  | |