Thank you for your interest in becoming a volunteer with Bexley Mencap.

We were started in 1971 by a group of parents who wanted to provide help, support and activities for people with a learning disability and their families in Bexley. We provide a range of activities and services, including a personalised support service, activity groups, advocacy groups and family support.

We couldn’t run our services without the support and dedication of our volunteer team. All Bexley Mencap volunteers will be trained and supported by us and we are sure that you will find your time with us satisfying and rewarding.

We would appreciate if you could complete the attached application form and return it to steve.grimsey@bexleymencap.org.uk

If you have any queries please contact us on the email above or phone 020 8303 6336

Thank you

*Please complete this form in BLOCK capitals if filling out by hand.*

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| --- |
| YOUR DETAILS |
| Name |  |
| Home Address |  |
| Phone Number |  |
| E-mail |  |
| Date of Birth |  |
|  |
| PLEASE TELL US ABOUT YOUR SKILLS AND EXPERIENCE |
| Please provide us with some additional information about yourself as this will help US find you the right role. Please include:* any experience you have of learning disabilities, either yourself or working with people with learning disabilities
* what relevant skills, interests, hobbies or experience you have
* the things that you’d be interested in doing at Bexley Mencap
* why you would like to volunteer with us

You can continue on a separate sheet if you need to |

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| Your Volunteering |
| Which role are you applying for? |  |
| What days and times are you available? |  |
| How often/how many hours would you like to volunteer? |  |

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| EMERGENCY CONTACT DETAILS |
| Name |  | Relationship |  |
| Phone |  | Email |  |
| Do you give permission for the administration of emergency medical treatment where appropriate? | YES/NO |

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| FURTHER INFORMATION |
| Do you hold a current valid driving license?   | YES/NO |
| Do you have use of a car?   | YES/NO |
| Do you have a disability/medical condition that affects your daily activity, which may require special arrangements?  | YES/NO |
| If yes, please let us know if you need any additional support or equipment |  |
| If you are not a member of the European Community, do you require a work permit? | YES/NO |
| How did you find out about volunteering with us? |  |
| Are you undergoing any criminal investigation or have any convictions that you need to disclose? *We will contact you if further information is required* | YES/NO |
| *It is our number one priority to ensure our members remain safe whilst in our care so we need to ask you about any unspent convictions as part of our duty of care. A criminal conviction will not necessarily prevent you from becoming a volunteer; the decision will depend on the type of offence and its relevance to the volunteering role. Some roles will also require full criminal record checks. If you do have any unspent convictions please include details in a sealed envelope and attach to your application form. If you would like to discuss any convictions you may have, please contact the person named in the covering letter. All information will be dealt with according to Bexley Mencap’s Confidentiality Policy.*  |

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| References |
| Please give details of two independent referees (not family members) who have known you for at least 1 year and can tell us whether they think you would be a suitable volunteer |
| **Reference 1** |
| Full Name |  | Relationship |  |
| Address |  |
| Phone |  | Email |  |
| **Reference 2** |
| Full Name |  | Relationship |  |
| Address |  |
| Phone |  | Email |  |

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| --- |
| DISCLAIMER AND SIGNATURE |
| I declare that the information I have provided within this application is true to the best of my knowledge and belief. I understand that if it is found that I have deliberately provided you with false or misleading information, I will be permanently excluded from volunteering with Bexley Mencap. If I am convicted of any crime after submitting this application, then I will inform my supervisor at Bexley Mencap immediately.I understand that my tasks with Bexley Mencap may involve issues of a sensitive nature and I agree to maintain confidentiality at all times. I give my consent for Bexley Mencap to securely store and process the information that I have provided in line with the Data Protection Act 1998 and that I have the right to request to see information that is held about me. |
| Signature |  | Date |  |