

HOME-START MILTON KEYNES

375 Acorn House, Midsummer Boulevard, Central Milton Keynes, MK9 3HP
 Tel: 01908 230030 Email: office@home-startmk.org.uk Web: www.home-startmk.org.uk



FROM WEBSITE

VOLUNTEER APPLICATION FORM Confidential	
Name:	Marital Status:
Address:	
.....	
.....	
Postcode:	
Email:	
If you have been at the above address for less than two years, please give previous address:	
.....	
.....	
Postcode:.....	
Home Tel:	Work Tel:
Date of Birth:	Mobile No:
Nationality:	Place of Birth:
Religion:	Ethnic Origin:
Names & Dates of Birth of Children:	Please give information about your parenting experience:
.....	
.....	
.....	
.....	
.....	
REFERENCES: Please give the name and address of two referees who would have knowledge of your parenting experience who may be contacted by Home-Start (preferably not a relative).	
Referee 1	Referee 2
Name.....	Name:.....
Miss / Mrs / Ms / Mr (<i>delete as appropriate</i>)	Miss / Mrs / Ms / Mr (<i>delete as appropriate</i>)
Address:	Address:
.....
.....
Email.....	Email.....

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Languages spoken:

What is the minimum time you could offer to Home-Start as a volunteer on a regular weekly basis?

What type of transport would you use?

If a car - do you have a current clean driving licence?

Yes/No

Please give details of any voluntary/paid work you have done, particularly with children and families:

Have you any commitments which could affect your work with Home-Start, eg part-time work?

What are your hobbies and leisure interests?

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Have you any skills or personal experiences which may be relevant to your work as a volunteer for Home-Start?

Where did you hear about Home-Start?

Why would you like to become a Home-Start volunteer?

Is there any other information you would like to add?

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As volunteers are in a privileged position visiting families in their own homes and have contact with young children, Home-Start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

Name:

Have you had any personal contact with Social Services/Social Work Department or NSPCC/Children 1 st in connection with children in your care?	Yes/No
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Do you have any medical condition (physical or mental) that could affect your work as a volunteer?	Yes/No
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Have you ever been dismissed from any paid or voluntary work?	Yes/No
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Have you ever been convicted of any criminal offence?	Yes/No
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Are there any matters outstanding which may lead to a criminal prosecution?	Yes/No
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If you answer yes to any question please give details:

I give permission for the co-ordinators of Home-Start Milton Keynes to carry out a Criminal Records Bureau check and a Children's Social Care check for criminal convictions (England, Wales and Northern Ireland only), or any other checks with the Department of Health, Social Services or Department of Education (England, Wales and Northern Ireland only). I understand that my National Insurance number may be required.

I know of no reason why I would be unsuitable to be a Home-Start volunteer.

Signed:..... Date:



**MILTON KEYNES
COUNCIL**

**PERMISSION TO MAKE BACKGROUND CHECKS IN THE COUNCIL'S SOCIAL CARE RECORDS:
FOR PEOPLE APPLYING FOR POSITIONS WITH A VOLUNTARY ORGANISATION**

- Commitment to confidentiality - access to the Council's adult and children's social care records database is limited. Only the Commissioning Officer and a CareFirst (computer system) administrator will see your form.
- As children are the primary clients of Children's Social Care Services, we will check their names as well as yours in case you have had contact with social care services on a child-related matter rather than an adult-related matter.
- Details on this form WILL NOT BE ADDED to the databases of MK Council or other authorities we've checked with.
- Once the check is completed, the Council's Commissioning Officer will shred all the paperwork and delete any related computer-held documents. Other authorities contacted will have agreed to do the same.

Position applied for:	Voluntary Organisation applied to:
Full name:	Any previous names (eg maiden name):
Date of birth:	Telephone no:

1. Current address:	Postcode:
2. All other addresses in the past 5 years and dates of residence:	Postcode:
3.	Postcode:
4.	Postcode:

Full names of children in the household:	Dates of birth:	Any previous/other names:
1.		
2.		
3.		
4.		
Continue overleaf if necessary		

I understand that:

- I am giving permission to Milton Keynes Council and other local authorities where I've lived in the past 5 years to check their adult and children's social care records and any supporting written records, and that
- Any information held that questions my current suitability to have information about, or to work with, or be in the vicinity of, children or vulnerable adults will be discussed with me, by a Commissioning Officer and/or the organisation to which I have applied for a position, if I am short-listed for interview.

Signed:	Date:
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