

**Volunteer Application Form**



**1. Personal Details** (please print clearly)

**Name**

**Address and Postcode**

**Telephone (home)**

**Telephone (mobile)**

**Email Address**

**Where did you find out about volunteering with BCLC?**

**2. When are you available?**

**Date available to start volunteering**

**Length/period of time available to volunteer**

**Please indicate the days and times you would be available to volunteer**

<b>Days Available</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>
<b>Times Available</b>						

(Note that volunteers are able to leave at anytime)

**Bethlehem Church Life Centre**  
**Cefn Road Cefn Cribwr Bridgend CF32 0AA**  
**01656-745655**

**3. Additional Support**

**Please provide details of any support, adaptations or equipment you would require to help you volunteer?**

**4. Work or Voluntary Experience**

**Please tell us about the kind of work you have done before, either voluntary or paid.**

**5. Relevant qualifications, training or skills**

**Please tell us about your education, any courses or skills you have relevant to your role.**

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**6. What would you hope to gain from your volunteering?**

**7. Health**

**Please tell us about any disability or medical conditions you may have which you would want support with when volunteering for us. If you do not wish to declare, please tick the box**

**8. Asylum and Immigration Act 1996: Most nationals of non EU countries need a work permit to take up unpaid voluntary work in the UK. Do you need a permit? Yes  No  please tick**

**9. References**

**Please name two people who we can contact for references. This can include no more than one reference from a close friend or relative or current or former employer, teacher/professional or person in authority. If you have a medical condition which would affect your skills or safe working and/or the welfare volunteers/employees, please nominate a referee we may contact who has input into your care (e.g. GP, Therapist)**

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<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone No</b>	<b>Telephone No</b>
<b>In what capacity do they know You?</b>	<b>In what capacity do they know You?</b>

**10. Criminal Convictions**

Do you have any criminal convictions? Yes  No  (please tick)

If yes, please give details below, this should exclude spent convictions under Section 4 (2) of the rehabilitation of Offenders Act 1974, unless the role for which you are applying involves working with vulnerable adults or children in which case cautions, bindovers, pending prosecutions, spent or unspent convictions must be declared.

In accordance with the Data Protection Act 1998, the information provided on this form will be used in the recruitment and selection of volunteers and may be disclosed to all those who need to see it. It will also form the basis of the confidential volunteer record.

If you need the form in an alternative format or need help filling it in, please ask a member of staff.

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