

## Spires Volunteer Application Form

<b>Date:</b>	
<b>Volunteer role applied for:</b>	
<b>Title:</b> (e.g. Mr/Dr/Mrs/Miss/Ms)	
<b>Name:</b>	
<b>Date of birth:</b>	
<b>Address:</b>	
<b>Email address:</b>	
<b>Telephone:</b>	
<b>Mobile number:</b>	

Please tick this box if you'd like to receive our Spires newsletter

<b>Emergency contact name:</b>	
<b>Relationship to you:</b>	
<b>Telephone number:</b>	

<b>What is your current employment status? (Please tick):</b>	<input type="checkbox"/> Working part-time	<input type="checkbox"/> Student
	<input type="checkbox"/> Working full-time	<input type="checkbox"/> Unemployed
<b>Other (please specify):</b>		

<b>Why would you like to volunteer at Spires?</b>	
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**What skills and experience would you bring to the role?**

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### **Professional References**

Please provide the names, telephone numbers, and email addresses of two people whom Spires can contact to obtain a reference. Referees must be professional contacts (not family or friends).

#### **Professional referee 1:**

<b>Name:</b>	
<b>Telephone number:</b>	
<b>Email address</b>	
<b>How do you know this person?</b>	

#### **Professional referee 2:**

<b>Name:</b>	
<b>Telephone number:</b>	
<b>Email address</b>	
<b>How do you know this person?</b>	

**Please answer the following so that we are able to support you in your role the as best as we can:**

<p><b>Do you consider yourself to have a disability? (Please tick):</b></p>	<p><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>
<p><b>If yes, please describe your disability, impairment or health condition:</b></p>	
<p><b>Please let us know if there are any particular arrangements that Spires could make on your behalf to enable you to volunteer:</b></p>	
<p><b>Please let us know about any regular medication you are currently taking, which might affect your volunteering: (e.g. diabetes / epilepsy / prescription pain killers)</b></p>	

<b>Do you have any convictions, cautions, reprimands or final warnings? (please tick):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please give details:</b>	
<b>Are you barred from working with vulnerable adults?:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Declaration:**

<b>Are you a relative or spouse/partner/co-habitee of a Spires employee or member of Spires board management?:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have any direct or indirect financial or personal interest related to Spires?:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a client of Spires?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a financial interest in any partnership, company or organisation which sells goods or services to Spires?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes to any of the above, please give details:</b>	

**\*I declare that the information given on this form is correct to the best of my knowledge.**

<b>Signature of volunteer: *</b>	
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Please tick the services you would be interested in volunteering for:

Rough Sleepers

Women's Space

Open Access

Street Link Access

Administration

Adult Learning

Please tick the times and days you will be available to work:

Monday		Tuesday		Wednesday		Thursday		Friday	
am		am		am		am		am	
pm		pm		pm		pm		pm	

**LLOYDS BANK  
FOUNDATION**

England & Wales

