**WANSTEAD AND WOODFORD MIGRANT SUPPORT**

**VOLUNTEER APPLICATION FORM**



**Please return the completed form to:**

**Wanstead and Woodford Migrant Support**

**Broadmead Baptist Church**

**Chigwell Road**

**Woodford Green**

**IG8 8PE**

**Or email to:**

**a.viggers@wwms.org.uk**

**Please answer all questions as fully as possible.**

**All answers will be treated in strict confidence.**

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| --- | --- |
|  | **Personal Details** |
| First name: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Telephone No: |  |
| Email address: |  |
| Where did you hear about volunteering with WWMS |  |

Present occupation/volunteer experience (please continue on a separate page if you wish)

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Previous occupation/volunteer experience (please continue on a separate page if you wish)

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For how long do you hope you will be volunteering with us? E.g. 6 months, 9 months. For most volunteering we ask for a minimum commitment of 6 months.

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Why do you want to volunteer with Wanstead and Woodford Migrant Support?

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Which volunteer role or roles are you interested in?

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Do you have any special requirements that we would need to consider if you were to become a volunteer? Please give details.

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**Referees**

Please give two references from previous employers or volunteer managers.

If you are finding it difficult to provide referees because you have little employment experience or you have not been in this country very long, please let us know and we can discuss this further.

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| Name: |  |
| Relationship to  Volunteer: |  |
| Address: |  |
| Telephone  number: |  |
| Email address: |  |

|  |  |
| --- | --- |
| Name: |  |
| Relationship to  Volunteer: |  |
| Address: |  |
| Telephone  number: |  |
| Email address: |  |

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| REHABILITATION OF OFFENDERS ACT |
| Have you had any previous convictions not regarded as spent under the Rehabilitation of Offenders Act 1974? The disclosure of convictions will not necessarily be a bar to volunteering and only relevant convictions will be taken into consideration when deciding on whether a volunteer role will be offered.  Yes No    If YES please give brief details, (nature of the offence and date of conviction).  All successful applicants whose role entails working with children or vulnerable adults will be subject to an enhanced DBS check. |
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**Declaration**

I understand that volunteering for Wanstead and Woodford Migrant Support is subject to satisfactory references. I agree to adhere to the organisation’s policies and procedures. I confirm that the information given in this form is correct and true, to the best of my knowledge.

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| Name: |

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| Signed: |

|  |
| --- |
| Date: |

**If you have any questions, please email us at** [**a.viggers@wwms.org.uk**](mailto:a.viggers@wwms.org.uk) **or call 07865233507.**