

# 36MILLMEAD CHILDREN'S CENTRE PARTNERSHIP LIMITED

## VOLUNTEER APPLICATION FORM

- Millmead Children's Centre Partnership Limited, (MCCPL), operates a Non-Smoking Policy on both SureStart Centre and car park site and Windmill Community Gardens sites
- Please ensure that you read the form thoroughly before you complete it.
- Please ensure that you complete all sections as fully as possible.

Name	Address:
Volunteer Role applied for:	Telephone number:
	Email:

Please tell us how you know about Windmill Community Gardens (WCG)/MCCPL and why you would like to volunteer with us?

The work at WCG/MCCPL involves contact with children, and because of this it is necessary for us to ask some specific questions:

Have you ever been convicted, or received a formal Caution for a criminal offence? If you have, please give brief details. **(Please note that a 'Disclosure and Barring Service', (DBS), Police check may be carried out on any person wishing to become a volunteer).**

Have you, or anyone in your direct family, (including your children), had any involvement with Social Services? If you have please give brief details.

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**If you answered yes to either of the above questions it will be necessary for us to discuss these answers with you. NO additional enquiries will be made without your knowledge, or consent.**

Skills and interests: (Please specify)

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Educational background

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Hobbies, interests, skills

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Previous volunteer experience

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Current Occupation

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What skills, interests or qualities would you bring to the organisation?

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Are there any particular aspects, or areas that you would like to learn about, or get involved with, through volunteering?

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Are there any other issues you think we need to know about in order to become a volunteer e.g. any restrictions on your time, any health issues that would affect the type of work you could undertake etc.

Do you know anyone who is a staff member or Management Board Member of the group e.g. who is a relative, friend etc.

Please supply the name, address and telephone number of two people who we can contact in an emergency.

Name:	Name:
Address:	Address:
Day time Tel no:	Day time Tel no:
Mobile no:	Mobile no:

Please give us the name of two people we can contact for reference; these are character references and need not necessarily be people you have worked with.

Reference 1: (Name and address)	Reference 2: (Name and address)
Telephone:	Telephone:
Email:	Email

Many thanks for completing the form. Please return it to [wcgadmin@surestartmillmead.org.uk](mailto:wcgadmin@surestartmillmead.org.uk) We will be in touch shortly to arrange a meeting in order to have an informal discussion with you.

