

# Volunteer Application Form

A COMPANY LIMITED BY GUARANTEE  
REG CHARITY NO: 1048152 COMPANY NO: 3067385  
REG VAT NO: 883303130



Please complete this form using black ink, type or on your PC.

What areas of volunteering would be of interest to you? You can select more than one

- |  |   |
|--|---|
| <input type="checkbox"/> Offender's Family Helpline (Head Office)                            | <input type="checkbox"/> Tea Bar (Visitor Centre) |
| <input type="checkbox"/> Play Work (Visitor Centre)  | <input type="checkbox"/> Catering (Second Chance) |
| <input type="checkbox"/> Reception (Visitor Centre)  |   |
| <input type="checkbox"/> Court Support (Manchester, Tameside or Doncaster Magistrate Courts) |   |
| <input type="checkbox"/> Intensive Alternative to Custody Support (Manchester)               |   |

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

## Your Personal Details

First Name(s):  Surname:

Address:

Postcode:

Home Telephone No:

Mobile Telephone No:

e-mail address:

Do you have the use of a car? Yes  No

Do you have a full drivers licence and current insurance policy? Yes  No

## How much time would you like to volunteer with us?

(Please indicate what day(s) you are available and for how many hours)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**How did you find out about POPS?**

(e.g. a friend, POPS worker, the POPS website, word of mouth, etc)

**Current or Most Recent Paid/Voluntary Work**

If you are working for yourself, put 'self-employed' where the form asks for 'Role Title'. If you are unemployed please give details of your most recent job, however long ago it was.

**Name of Organisation:**

**Address:**

**Postcode**

**Your Role Title:**

**Brief description of your duties:**

### **Previous Experience**

Please list any other experience that you may have had, this could be employment, voluntary or personal.

### **Education and Training**

Please list any qualifications or training courses you may have completed .

### **Personal Statement**

Please tell us why you would like to volunteer for POPS, and what you hope to achieve from volunteering. If you have any connections with local community groups, clubs or associations, please give details of your involvement.



Are you currently the subject of criminal charges?

Yes  No

If yes, please give details:

Do you agree with the above information being checked with the police?

Yes  No

As an organisation using the Criminal Records Bureau (CRB) Disclosure Service to help assess the suitability of applicants for positions of trust, POPS complies fully with the CRB Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. It also complies fully with its obligations under the Data Protection Act 1998 and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of Disclosure information.

The cost of the Enhanced CRB application shall be paid for by POPS should your application be accepted.

### Declaration

Are you related to or do you have a close personal relationship with an employee(s) of POPS?

Yes  No

If yes, specify name(s), position(s) and relationship(s)

#### B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered by myself
- I possess all the qualifications which I claim to hold
- I understand that any offer of volunteering with Partners of Prisoners & Families Support Group is subject to satisfactory references, and binding in honour only.

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the receipt of the application. Unfortunately applicants who do not hear from POPS must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in volunteering for POPS.

**POPS undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.**

**If you are returning this form by email, you will be asked to sign your application at interview.**

The following two sheets will be separated from your application form upon receipt. They do not form part of the selection process. They will be retained by the Human Resources Department purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

**What is your Ethnic Group?**

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

<b>A. White</b>		White UK	<input type="checkbox"/>	White non-UK	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Any other White background (please give details):			<input type="checkbox"/>
<input type="text"/>					

<b>B. Mixed</b>		White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Any other Mixed background (please give details):			<input type="checkbox"/>
<input type="text"/>					

<b>C. Asian or Asian British</b>		Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other Asian background (please give details):			<input type="checkbox"/>
<input type="text"/>					

<b>D. Black or Black British</b>		Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>
		Any other Black background (please give details):			<input type="checkbox"/>
<input type="text"/>					

<b>E. Chinese or other ethnic group</b>		Chinese	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
		Any other ethnic background (please give details):			<input type="checkbox"/>
<input type="text"/>					

<b>F. I do not wish to provide this information</b>	<input type="checkbox"/>
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<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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**Disability**

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

<b>Do you consider yourself disabled?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**If yes, please give details:**

<b>Age Group</b>		
18-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	36-45 <input type="checkbox"/>
46-55 <input type="checkbox"/>	56-65 <input type="checkbox"/>	Over 65 <input type="checkbox"/>

<b>RETURNING THIS FORM</b>	
 <b>By Hand or Post:</b> Partners Of Prisoners And Families Support Group Valentine House 1079 Rochdale Road Blackley Manchester M9 8AJ	 <b>By e-mail:</b> <a href="mailto:mail@partnersofprisoners.co.uk">mail@partnersofprisoners.co.uk</a>  <b>Enquiries:</b> Telephone: 0161 702 1000 Fax: 0161 702 1000

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM**