



**Solihull  
Life  
Opportunities**

Sdrive/name change SoLO 2008/volunteering

adding value to the lives of  
people with learning disabilities

## VOLUNTEER APPLICATION FORM

Thank you for showing an interest in volunteering for one of our projects.  
We would appreciate you filling our this form.

Name

Address

Date of Birth

Telephone Number: Daytime  Evening

Email address

Relevant  
Qualifications \_\_\_\_\_

Have you any previous voluntary experience or experience of working with  
people with learning disabilities? YES/NO

Hobbies, interest or skills \_\_\_\_\_

Do you have any preferred type of voluntary work? (Tick all that apply)

- Working one to one     Providing a service for clients  
 Working in a group     Working directly with a staff member  
 Fundraising     No preferences  
 Other \_\_\_\_\_

**Is there a particular client group with whom you are interested in working?**

- |  |  |
|--|--|
| <input type="checkbox"/> Teens             | <input type="checkbox"/> Children      |
| <input type="checkbox"/> Young Adults      | <input type="checkbox"/> Adults        |
| <input type="checkbox"/> Males             | <input type="checkbox"/> Females       |
| <input type="checkbox"/> Wheel chair users | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Other             |  |

**Are there any groups that you would not feel comfortable working with?**

- Yes     No

**At what times are you interested in volunteering?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Flexible            | <input type="checkbox"/> Prefer weekdays | <input type="checkbox"/> Prefer weekends |
| <input type="checkbox"/> Prefer daytime      | <input type="checkbox"/> Prefer evenings | <input type="checkbox"/> School holidays |
| <input type="checkbox"/> Not school holidays | <input type="checkbox"/> Other _____     |  |

**I cannot volunteer at these times of the week \_\_\_\_\_**

**Geographic Preferences**

- Solihull Centre     South of Borough     North of Borough

**Mobility**

- Car user for volunteer work     Public transport     On foot

How many hours would you like to offer? \_\_\_\_\_ (Day/Week/Month)

Delete as appropriate

What would you most like to achieve from becoming one of our volunteers?

Do you have a disability or any support needs. Yes  No

Have you been convicted of any criminal offence at any time?

YES  NO

Have you been the subject of abuse investigations or enquiries?

YES  NO

If yes to either question, please give details including otherwise 'spent' convictions as required by the Rehabilitation of Offenders Act (exceptions, order 1975). (You may provide this information, under separate cover, marked private and confidential, if you would prefer it to be discussed in the event that you are selected for interview.)

**NB Having a criminal record will not necessarily stop you from being a worker/volunteer, but we are required to carry out a CRB disclosure, before appointment on anyone who will have direct contact with vulnerable adults or children. This procedure adheres to the 'CRB code of practice' a copy of which is available on request.**

**6. PERSONAL REFEREES**

**Please give the names and addresses of two people (not relatives) who know you well and to whom we could apply for references.**

Name

Name

Address

Address

How do they know you?

How do they know you?

**The information given in this form is correct, to the best of my knowledge and belief.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



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Please return this form to:

**Solihull Life Opportunities  
St. Andrews Centre,  
Pike Drive,  
Chelmsley Wood  
West Midlands. B37 7US**