



WILTSHIRE YOUTH OFFENDING SERVICE

COMMUNITY INVOLVEMENT TEAM

Volunteer Application Form

Please indicate which of the following scheme/s you are interested in:

Appropriate Adult Mentoring Scheme Referral Order Scheme

1. PERSONAL DETAILS

Surname		First Names (please underline name by which you prefer to be known)	
Address		Date of Birth	
		Home Tel. Number	
		Work Tel. Number	
Post Code		Mobile Tel. Number	
E-Mail			

2. PRESENT EMPLOYMENT (or most recent employment where applicable)

Employer		Position Held	
Address		Department (if applicable)	
Post Code			
From		To	

Please give a brief description of your main duties and responsibilities:

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3. PREVIOUS EMPLOYMENT/VOLUNTARY WORK

Please give details of any work experience that helps to demonstrate your skills (please continue on extra sheet if necessary).

Organisation/Employer	Role/Post	Dates	Experience Gained

4. WHY ARE YOU APPLYING TO BECOME A VOLUNTEER?

Please also outline why you are interested in the particular scheme/s you have chosen.

5. EXPERIENCE

Please detail life or work experience that you think is relevant to the scheme for which you have applied.

6. SKILLS AND INTERESTS

Please detail skills, abilities, and interests you have that you think are relevant to working with young people.

7. QUALIFICATIONS/TRAINING

Please give details of any training or qualifications gained.

8. STATEMENT

Please write a short statement explaining what you feel are the main issues and problems which face today's young people, in particular, those who have become involved in offending behaviour.

9. MISCELLANEOUS

Do you hold a current driving licence?

YES NO

Do you have the use of a car or other form of transport?

YES NO

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PEOPLE WITH DISABILITIES

In order to meet the requirements of the Disability Discrimination Act 1995, and our Equal Opportunities Policy to offer a guaranteed interview to people with disabilities who meet the basic job requirements, please complete the following section:

- (a) Do you consider yourself disabled YES NO
(b) Please indicate if you need any particular aids or modifications to assist you in attending an interview or carrying out the duties of this role.

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10. REFERENCES

Please give the names, addresses and telephone numbers of two people who are willing to provide a reference, **one of whom should be your present (or most recent) employer.** Please note, names of family members should not be given.

Name		Name	
Address		Address	
Postcode		Postcode	
Tel No.		Tel No.	
Capacity known		Capacity known	

Have you ever been cautioned or convicted of a criminal offence (including traffic offences)? YES NO

If yes, please give details (it will not automatically exclude you but failure to tell us about them might).

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11. STATEMENT

I understand that if I am selected I will be expected to participate in a training programme and agree to become a volunteer for a minimum of twelve months.

Signature:	Date:
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12. THIS SECTION MUST BE SIGNED BY ALL APPLICANTS

REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) (Amendment) Order 1986

This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are not entitled therefore, to withhold information about convictions which for other purposes are “spent” under the provisions of the Act, and in the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by the Council/Governing Body. In accordance with the above therefore, you are required to complete as part of your application for this post an enquiry form (PROT 5) giving details of any:

1. Convictions for criminal offences
2. Bindover orders or cautions
3. Pending prosecutions

Any information given will be treated in strict confidence and will be considered only in relation to your application for this post. Criminal offences may not necessarily debar you from the appointment.

Please note: Before you can be accepted as a Volunteer with Wiltshire County Council, in the interest of the protection of children, we will require you to give your permission to carry out Criminal Records Bureau checks to establish whether or not you have a criminal conviction which could prevent you from working with young people.

I certify that the information given above is to the best of my knowledge correct, and authorise the Council/Governing Body to make enquiries of the Police in accordance with recommendation in DFE Circular 9/93, if it is decided to offer me this post.

Signature:

Date:

<p>Please return this form to:</p> <p>Community Involvement Team Wiltshire Youth Offending Service Court Mills Centre Polebarn Road Trowbridge Wiltshire BA14 7EG</p>	OFFICIAL USE ONLY	
	Acknowledged	
	Short List	YES/NO
	Interview Date	TIME
	Medical Clearance	YES/NO
	Appointed	YES/NO
	PROT5	CONF/DETD
	Start Date	

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Volunteer Equal Opportunities Monitoring Form

Wiltshire County Council is committed to a policy of ensuring that all volunteer applicants receive equality of opportunity.

The aim of this policy is to ensure that no applicant receives less favourable treatment on the grounds of race, colour, nationality, ethnic origin, sex, marital status, age, disability, sexual orientation or religious beliefs and practices or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Selection criteria and procedures are regularly reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities. The County Council will continue to review its personnel policies and practices generally and take appropriate action to make this policy fully effective.

To ensure the Equal Opportunities Policy is being carried out, the County Council has undertaken to monitor all aspects of the recruitment and selection processes.

The monitoring exercise has been designed in accordance with guidelines from the Commission for Racial Equality and the Equal Opportunities Commission and it has been approved by the appropriate Trade Unions. This information will not be used for any other purposes than monitoring the Equal Opportunities Policy. The analysis will be carried out by the Corporate Services Department and all information supplied will be kept strictly confidential. In order to assist the County Council to pursue its policy of equal opportunity, would you please complete the questionnaire on the next page. The information you give will be stored on computer.

The categories of ethnic origin, which you are asked to complete, are as follows:-

- | | |
|--------------------------------------|---|
| White | - British
- Irish
- Any other White background |
| Asian or Asian British | - Indian
- Pakistani
- Bangladeshi
- Any other Asian background |
| Black or Black British | - Caribbean
- African
- Any other Black background |
| Chinese or Other Ethnic Group | - Chinese
- Any other ethnic group |
| Mixed | - White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background |

Only with your co-operation can the monitoring exercise be effective and I would therefore be particularly grateful for your help.

PN Smith
Director of Corporate Services

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ETHNIC ORIGIN I would describe my ethnic origin as:	
WHITE	
- British	<input type="checkbox"/>
- Irish	<input type="checkbox"/>
- Other White (please specify)	<input type="checkbox"/>
BLACK OR BLACK BRITISH	
- Caribbean	<input type="checkbox"/>
- African	<input type="checkbox"/>
- Other Black (please specify)	<input type="checkbox"/>
ASIAN OR ASIAN BRITISH	
- Indian	<input type="checkbox"/>
- Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
- Other Asian (please specify)	<input type="checkbox"/>
CHINESE OR OTHER ETHNIC GROUP	
- Chinese	<input type="checkbox"/>
- Other Ethnic Group (please specify)	<input type="checkbox"/>
MIXED	
- White and Black Caribbean	<input type="checkbox"/>
- White and Black African	<input type="checkbox"/>
- White and Asian	<input type="checkbox"/>
- Other Mixed (please specify)	<input type="checkbox"/>

SEX (please indicate in the appropriate box)	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

DISABILITY	
Do you consider yourself disabled?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered as disabled	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

AGE	
21 – 25	<input type="checkbox"/>
26 – 35	<input type="checkbox"/>
36 – 45	<input type="checkbox"/>
46 - 55	<input type="checkbox"/>
56 - 65	<input type="checkbox"/>
66 +	<input type="checkbox"/>

How best would you describe your current status?

Employed Full -Time	
Employed Part -Time	
Self Employed	
Registered unemployed	
Unregistered unemployed	
Student	
Retired	
House Person	
Other	

How did you hear about the volunteer scheme(s)
