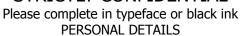


Surname:

First Name/s:

VOLUNTEER APPLICATION FORM

STRICTLY CONFIDENTIAL



Preferred Title: (Mr/Mrs/Ms/Other)

Would like to be known as:



•						
Address:	Telephone Number (Home):					
	Telephone Number (Mobile):					
	Telephone Number (Work):					
Postcode:	May we telephone you at work? Yes	No				
Email Address:	Do you have:					
Date of Birth:	A full current driving licence?	Yes	No			
Occupation:	Your own transport?	Yes	No			
The Disability Discrimination Act 1995 has defined d	lisability as follows;					
"A physical or mental impairment which has a subst	tantial and long-term adverse effect on you	ur abilit	ty to			
carry out normal day-to-day activities"						
Under these terms do you consider yourself to have	a disability? Yes No					
This will not have a detrimental effect on your appli	cation					

LINCOLNSHIRE ACTION TRUST IS WORKING TOWARDS EQUAL OPPORTUNITIES AND WELCOMES APPLICATIONS FROM ALL SECTIONS OF THE COMMUNITY

FOR OFFICE USE ONLY

Application number: Date of Interview:

Date received: Appointed:





	EDUCAT	ION &	TRAINI	NG	
Please specify any quali (fications, vocation Including NVQ's,				ve undertaken
Name of School/College/University	From/	Го	Qualif	ication/Grades	Date
P	REVIOUS EN	MPLOY	MENT H	ISTORY	
Brief description of position have done. (If necessary	, please continue		arate sheet)		
Name and address	From/To	Po	Position Responsibilities		sibilities
INFORMA	TION IN SU	PPORT	OF YOU	JR APPLICAT	ION
Please give brief de application, including wh				information in support within the Criminal.	

Have you any s	special interest or qualities	which you feel may	y be of partic	ular value to LAT?	
	Please detail any	hobbies, skills or in	nterests		
Are the	ere any types of offender w	vhich you would find	d difficult to v	work with?	
D	o you have any medical co	onditions that we sh	nould be awa	re of?	
When are you availab	e? Please tick				
	PM		AM	РМ	
Tuesday		Saturday			
Wednesday		Sunday			
Thursday					
	OTHER	R INFORMATION			
level of personal	nteer working within the Ci integrity. Lincolnshire Actio dence in those who becom relevant to your applicati	on Trust and partne be accredited volunt	rship organis eers. Is there	ations have a duty any other informa	to

Rehabilitation of Offenders Act 1974

These roles are exempt from the provisions of Section 4 of the above Act. **ALL previous convictions** (and/or cautions or bind overs), including road traffic offences, whether as an adult or juvenile, **MUST be disclosed** (including those arising from Court Martial), as must any matters that are pending.

Have you ever been convicted for any offences, including all road traffic offences, or subject to police caution or bind over or, do you have any charges pending?

YES NO

If yes, please give the date, court, offence and outcome.

Please note: Enhanced DBS will be carried out on all candidates wishing to work with Lincolnshire Action Trust and partnership organisations within the Criminal Justice System. Lincolnshire Action Trust retains the right to refuse an application from an individual with any relevant previous conviction, if necessary.

Are you currently under supervision to the Probation Service?

YES NO

REFERENCES

It will be necessary for us to take up at least two references. Please name two suitable people whom
we can approach. Each must have known you for at least two years (and not be a family member).
If you are employed, one reference must be from your current/last employer.

Name:

Job Title:

Address:

Address:

Email address:

Relationship to you: Relationship to you:

DECLARATION

Email address:

I declare that the particulars given above are true to the best of my knowledge and belief, and agree for my personal details to be held on the database at Lincolnshire Action Trust.

Signed: Dated: