



**VOLUNTEER  
APPLICATION FORM**  
STRICTLY CONFIDENTIAL  
Please complete in typeface or black ink  
PERSONAL DETAILS



Surname: _____	Preferred Title: (Mr/Mrs/Ms/Other) _____
First Name/s: _____	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 disability as follows;  
*"A physical or mental impairment which has a substantial and long-term adverse effect on your ability 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 application

**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:



INVESTOR IN PEOPLE

## EDUCATION & TRAINING

Please specify any qualifications, vocational or other forms of training that you have undertaken (Including NVQ's, In-House courses, First Aid etc)

Name of School/College/University	From/To	Qualification/Grades	Date

## PREVIOUS EMPLOYMENT HISTORY

Brief description of position, main responsibilities and activities. Please include any Voluntary work you have done. (If necessary, please continue on a separate sheet). Please note: This is not used for reference material

Name and address	From/To	Position	Responsibilities

## INFORMATION IN SUPPORT OF YOUR APPLICATION

Please give brief details of relevant experience and any other information in support of your application, including why you want to become a Volunteer Mentor within the Criminal Justice System.

Have you any special interest or qualities which you feel may be of particular value to LAT?

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Please detail any hobbies, skills or interests

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Are there any types of offender which you would find difficult to work with?

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.....  
.....

Do you have any medical conditions that we should be aware of?

.....

When are you available? Please tick

	PM		AM	PM
Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>			

#### OTHER INFORMATION

The role of the Volunteer working within the Criminal Justice System is demanding and requires a high level of personal integrity. Lincolnshire Action Trust and partnership organisations have a duty to ensure public confidence in those who become accredited volunteers. Is there any other information relevant to your application of which we should be aware?

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## 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:

Name:

Job Title:

Job Title:

Address:

Address:

Email address:

Email address:

Relationship to you:

Relationship to you:

## DECLARATION

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: