



**Request to undertake  
VOLUNTARY WORK**



*Father Hudson's Society is a Social Care Agency working within the Archdiocese of Birmingham and welcomes your request to undertake voluntary work in one of our Partnership projects.*

**1 Personal Details**

Title: Mr  Mrs  Ms  Other (please state) \_\_\_\_\_

Last name: ..... Date of birth: .....

First name(s): ..... Daytime tel no: .....

Address: .....  
..... Evening tel no: .....

Town/City: ..... Mobile tel no: .....

County: .....

Postcode: ..... Email: .....

**2 General Information**

a) Do you require a work permit or similar, to legally volunteer in the UK? Yes  No

b) Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1995? Yes  No

c) Do you have a current driving licence? Yes  No

d) Please answer the following if having a licence is a requirement of the volunteering activity.

Licence type: ..... Is the licence endorsed? Yes  No

If Yes, please give brief details .....

**3 Area of Interest/Type of Activity**

Please tick any of the following that interest you:

|               |                          |
|---------------|--------------------------|
| Befriending   | <input type="checkbox"/> |
| Teaching ESOL | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| Visiting families in their home – accompanied by others | <input type="checkbox"/> |
| Resources - issuing clothes/essentials                  | <input type="checkbox"/> |

***These will be discussed and agreed with you as soon as possible.***



## 6 Training

If there is any training you have undertaken which you would like us to know about, please give details below.

| Year | Organising body | Course title | Length |
|------|-----------------|--------------|--------|
|      |                 |              |        |
|      |                 |              |        |
|      |                 |              |        |
|      |                 |              |        |

## 7 References

Please give details of two referees one of which must be your current or most recent employer.

|   |  |
|---|--|
| <p><b>1</b></p> <p>Name of Referee: .....</p> <p>Full Address: .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode: .....</p> <p>Telephone Number: .....</p> <p>Email Address: .....</p> <p>Job Title: .....</p> <p>How long known to you: .....</p> <p>Relationship to you: .....</p> | <p><b>2</b></p> <p>Name of Referee: .....</p> <p>Full Address: ..</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode: .....</p> <p>Telephone Number: .....</p> <p>Email Address: .....</p> <p>Job Title: .....</p> <p>How long known to you: .....</p> <p>Relationship to you: .....</p> |
|---|--|

## 8 Other information you wish to give.

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## 9 Criminal Convictions

a) Have you been convicted of a criminal offence? Yes  No



If Yes, please give brief details

a) b) Most posts within the Society are 'excepted' from the Rehabilitation of Offenders Act 1974. The Volunteer Outline will confirm whether or not this applies to the work you will be undertaking.

If the post is 'excepted', you are required to declare any criminal convictions, whether spent or unspent, together with details of any cautions given or actions pending against you. This information will only be requested once the Project Manager has agreed with you the type of work you will undertake. A separate and confidential form will be sent to you.

## 10 Data Protection Act 1998 – Consent and Certification of details

The information detailed in this application form and accompanying monitoring information, will be used to monitor the effectiveness of Father Hudson's Society's policies and practices, in particular its Equal Opportunities. This monitoring is for statistical purposes only and you will not be identifiable from this process. However, your personal details contained in the application form, may be used in the prevention and detection of fraud. Where this occurs you will be identifiable. The information may be disclosed to the following third parties:

Government/Statutory Agencies  
Law Enforcement Authorities.

***Failure to disclose or giving false information will result in your application not being pursued or our arrangement with you ending, without notice.***

Application forms of unsuccessful candidates will be destroyed after six months.

I, (print name): .....

**Consent to Father Hudson's Society recording and processing the information detailed in this application form. I understand that this information may be used by Father Hudson's Society in pursuance of its business purposes and my consent is conditional upon Father Hudson's complying with their obligations under the Data Protection Act 1998.**

**I also confirm that the information contained in this application form is complete and correct.**

**Signature:** .....

**Date:** .....

Please return this form to:

**Volunteer Co-ordinator  
Hope Community Project  
40 Ling House, Long Ley  
Heath Town  
Wolverhampton  
WV10 0HH**