**Protecting victims, supporting offenders and their families**

**Application to Volunteer**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Why are you interested in volunteering with Thames Valley Partnership?

What skills or experience can you bring to the team?

Do you have a preference as to which team you join? Please Tick

VFESS ­­­­\_\_\_\_\_\_ VFSS \_\_\_\_\_\_\_New Leaf\_\_\_\_\_ Restorative Justice \_\_\_\_\_GMP (Gloucestershire Mentoring Programme)

Do you have access to transport and are you willing to travel to meet clients?

YES \_\_\_\_ or NO\_\_\_\_\_

Are you able to commit to at least 12 months volunteering? \_\_\_\_\_\_\_\_\_\_

How much time can you volunteer? Weekly/Monthly \_\_\_\_\_ hrs (between the hours of 09.00am to 17.00pm)

Languages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own a home laptop or computer to complete online training?

No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How are your computer skills?

(Training can be provided)

Poor \_\_\_\_\_\_\_\_\_\_\_\_ Intermediate \_\_\_\_\_\_\_\_\_\_\_ advanced\_\_\_\_\_\_\_\_\_\_

**References**

Please provide the names and full contact details of your referees.

* References must cover a 3-year period of employment, training or education. Your referees will need to confirm this. They may need to comment on your skills, personal qualities, and suitability for the post of volunteer.
* Your referee could be an HR department, line manager or someone in a position of responsibility.
* You must provide an email address for each referee. This may require you to contact your referee to confirm this prior to submitting their contact details.
* If you are a student or trainee this should include a teacher/tutor at your school/college or university.
* If you have not been in employment or education for the last 3 years, you may need to supply a character reference or a personal statement. A character reference must not be from a relative or someone who has a financial arrangement with you.
* All reference requests will be verified by the Volunteer Coordinator.

**Referee 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \* Type of reference | 🞎 Current employer 🞎 Previous employer  🞎 School/College/University/Higher Education 🞎 Personal/Character | | | |
| Title |  | | | |
| Surname/Family name |  | \* First name | |  |
| Relationship |  | | | |
| Referee name |  | | | |
| Referee job title |  | | | |
| Address |  | | | |
| \*Postcode/Zip code |  | | | |
| Telephone |  | \*Country |  | |
| Referee email address |  |  |  | |
| Comments |  | | | |
|  |  | | | |

I hereby consent / authorise the above-named Company/Individual to provide a reference to The Thames Valley Partnership.

Signed by Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referee 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \* Type of reference | 🞎 Current employer 🞎 Previous employer  🞎 School/College/University/Higher Education 🞎 Personal/Character | | | |
| Title |  | | | |
| Surname/Family name |  | \* First name | |  |
| Relationship |  | | | |
| Referee name |  | | | |
| Referee job title |  | | | |
| Address |  | | | |
| \*Postcode/Zip code |  | | | |
| Telephone |  | \*Country |  | |
| Referee email address |  |  |  | |
| Comments |  | | | |
|  |  | | | |

I hereby consent / authorise the above-named Company/Individual to provide a reference to The Thames Valley Partnership.

Signed by Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_