Volunteer Application Form - Middlesbrough Council

**If you are under 16, please ask your parent, carer, or guardian to complete.**

Children under 12 years old are unable to volunteer with the council.

1. **Your Details**

Name:

Address:

Postcode:

Contact Number:

Email:

Date of Birth:

Emergency Contact Name:

Emergency Contact Phone:

**Insurance**. Please be aware that all volunteers from the age of 12 are covered by Middlesbrough Council’s Public Liability & Employer Liability insurance.

1. **What role are you applying for?**
2. **Please tell us why you want to volunteer with us and if you have any experience:**

1. **Middlesbrough Council is committed to equal opportunities. Do you have any additional requirements such as medical, access or dietary needs? This is so we can consider if any adjustments to the role need to be made to better support you.**
2. **Do you have any criminal convictions?**

Yes No

If you have ticked yes, write details on a separate sheet and attach to this form. Having a conviction will not necessarily stop you from volunteering, but it will need to be taken into consideration when assessing your suitability. For some roles, we reserve the right to request a DBS (Disclosure & Barring Service) check before work begins.

1. **Character References**

Please provide the name and contact details of two people who are **not** family members and who are willing to act as referees for your chosen voluntary work position. For young people under 16 this could include teachers from school/college. We will make reference checks either by post, telephone or by email.

**Character Referee 1**

Name:

Address:

Postcode:

Telephone:

Email:

Relationship to yourself:

**Character Referee 2**

Name:

Address:

Postcode:

Telephone:

Email:

Relationship to yourself:

1. **Declaration**

I confirm that I have read and understood the above information. I declare that the information contained in this application is true and correct. I certify that to the best of my knowledge, the information given on this form is correct. I have omitted nothing that, to the best of my knowledge, might affect this application; and I acknowledge that misleading statements may be sufficient for cancelling any agreements made.

Signature: Date:

**To Be Completed If Applicant Under 16yrs Old:**

Parent/Guardian Name:

Relationship to young person:

Address:

Postcode:

Telephone:

Email:

Signature:

Date: