

# BSAFE Volunteer Application Form



<b>Name:</b>		<b>Surname:</b>	
<b>Address:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>Date Of Birth:</b>		<b>Gender:</b>	
<b>Emergency Contact Details:</b> In the event of an emergency, I give my permission to contact the named person(s) below.			
<b>Name of contact:</b>			
<b>Contact number:</b>			
<b>Relationship to member:</b>			
<b>Why do you want to volunteer?</b> Please detail any skills and experience you have which you consider useful for this role.			

**References:** Provide the name, title and contact details of at least one referee. This could be an employer, tutor or key worker, etc.

**Name:**

**Title:**

**Company:**

**Address:**

**Telephone:**

**Email:**

**Relationship to you:**

**Offending History:**

In accordance with the spirit of the Rehabilitation Of Offenders Act and the relevant Home Office and Criminal Bureau guidance, BSAFE will not discriminate against ex-offenders with criminal records if it is judged that the offence has no relevance to the volunteer role applied for.

If you are offered a volunteering role you may be asked to obtain a Disclosure and Barring Service (DBS) certificate. This role will be subject to BSAFE being satisfied with the contents of the DBS.

Have you ever received a caution or been convicted of a criminal offence (spent or unspent)?

☐ **Yes**

☐ **No**

If yes please give details:

The information I have given on this form is to the best of my knowledge and accurate

**Signature of applicant:**

**Date:**

# Equal Opportunities Monitoring Form

This information will not be considered as part of your application.

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I would describe my ethnic origin as (as tick as appropriate):

White ☐ English/Scottish/Welsh ☐ Irish ☐ Other  
Black ☐ British ☐ African ☐ Caribbean ☐ Other  
Asian ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Chinese ☐ Other

Any other ethnic group

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My gender is (please tick as appropriate): ☐ Female ☐ Male

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Have you got a background of substance misuse? ☐ Yes ☐ No

If YES which services have you used e.g. WDP, ARCC, RDP, CRI, Addaction, AA, etc.

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Are you registered as disabled? ☐ Yes ☐ No

If YES please specific that nature of your disability

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My age is

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