**York Neighbours volunteer application form**

**Full name………………………………………………………………..Mr/Mrs/Miss/Ms**

**Address ………………………………………………………………………………….........**

**…………………………………………………………………Postcode……………………**

**Telephone: Home………………………………….. Mobile …………………………….**

**Date of birth …………………………………..**

**Email address ………………………………………………………………………………..**

**Emergency contact: ……………………………………………….. Phone………………**

**Medical conditions: Please list any serious conditions (including mental health illness) over the last 5 years including details of ongoing treatment:**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**Please provide details of your GP so we can approach them for a reference.**

**GP name ……………………………… Name of Practice………………………………..**

**Address ……………………………………………………………………………………….**

**Tel No ……………………………**

**Please give the names and addresses of 2 other referees (not related to you) who have known you for at least three years. One referee should be known to you in a professional capacity.**

**Mr/Mrs/Miss/Ms/Other (please specify) Mr/Mrs/Miss/Ms/Other (please specify)**

**Name: Name:**

**Address: Address:**

**Postcode: Postcode:**

**Tel No: Tel No:**

**Email: Email:**

**Relationship to you: Relationship to you:**

**Known to you for …… years Known to you for …… years**

**Have you been convicted of a criminal offence Yes/No**

This post is exempt from the Rehabilitation of Offenders Act 1974 and you are required to reveal all convictions, even those which are spent. A criminal record will not necessarily be a bar to obtaining a position). **Our policy requires a submission to the Disclosure and Barring Service following all successful applications.**

**Confidentiality Statement**

All York Neighbours staff and volunteers must ensure that any personal information disclosed to them in the course of their work is treated as strictly confidential and should only be disclosed to those who need to know with the consent of the person concerned.

An exception to this general rule can be made if the person is at risk or is putting others at risk. Any matter of concern must be reported to the Co-ordinator so they can decide on appropriate action.

Please sign your name below to show that you accept the confidentiality statement and that the details you have given on this form are correct to the best of your knowledge.

Signature ……………………………………………… Date …………………

*NB: Please read the above as you will be asked to sign the Confidentiality Statement at your volunteer interview.*