

**PLEASE RETURN TO:**  
**STRICTLY PRIVATE & CONFIDENTIAL**  
**Philip Moody**  
Autism Hampshire  
1648 Parkway  
Solent Business Park  
Whiteley, Fareham  
Hants. PO15 7AH  
**Tel: 01489 880881**  
[www.autismhampshire.org.uk](http://www.autismhampshire.org.uk)



Autism Hampshire, a charitable company limited by guarantee in England,  
Reg. No. 01710300.  
Charity Registration No: 288141

## **CONFIDENTIAL**

# **VOLUNTEER APPLICATION FORM**

### **About you:**

<b>Mr/Mrs/Miss/Ms:</b> _____		<b>Forenames:</b> _____	
<b>Surname:</b> _____			
<b>Address:</b> _____ _____			
<b>Post Code:</b> _____		<b>Email:</b> _____	
<b>Telephone No:</b> _____		<b>Mobile No:</b> _____	
<b>Do you have a driving licence?</b>		<b>YES/NO</b>	
<b>Do you have use of your own car?</b>		<b>YES/NO</b>	

<b>Are you applying for a specific volunteering opportunity? YES/NO</b>
<b>If yes, please give details below:</b> _____ _____

<b>Your availability (please tick as appropriate):</b>													
Monday AM PM	Tuesday AM PM	Wednesday AM PM	Thursday AM PM	Friday AM PM	Saturday AM PM	Sunday AM PM	Flexible						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Do you have any knowledge of Autism? YES/NO</b>
<b>If yes, please give details below</b> _____



**Emergency Contact:**

<b>Full Name:</b> _____
<b>Relationship:</b> _____
<b>Telephone No:</b> _____ <b>Mobile No:</b> _____

**References:**

**Please give the name and address of two professional references which will be taken up prior to any offer of volunteering opportunities. If you are currently working/volunteering please provide details of your employer/company.**

Name: _____	Job Title: _____
Organisation: _____	Relationship: _____
Address: _____	
_____	Post Code: _____
Email: _____	Tel: _____

  

Name: _____	Job Title: _____
Organisation: _____	Relationship: _____
Address: _____	
_____	Post Code: _____
Email: _____	Tel: _____

In accordance with the Data Protection Act 1998, I agree that Autism Hampshire may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this application can be stored on both manual and computer files.

I confirm that the information on this form is correct. I understand that some of the tasks involved in my role with Autism Hampshire may be of a sensitive nature and I agree to maintain confidentiality at all times.

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

**Date:** \_\_\_\_\_

## REHABILITATION OF OFFENDERS DECLARATION

As the role you are applying for involves directly volunteering with vulnerable adults, we will need to obtain a criminal record check (Disclosure) from the Disclosure and Barring Service (DBS).

Having a criminal record does not automatically mean that you cannot volunteer with us. Criminal records will be reviewed on an individual basis and taken into account where the conviction is considered relevant. We take confidentiality very seriously at Autism Hampshire.

If you require further information or you have any concerns about filling in this declaration, please contact the Human Resources Department on 01489 880881.

**Have you ever been convicted in the Courts or cautioned, or have you been given a final warning by the Police? YES/NO\***

**If yes, please give details of offences, penalties and dates:**

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**Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post? YES/NO\***

**If yes, please give details:**

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**Name:**

**Signature:**

**Date:**

**In the event that this Disclosure is found to be false any offer of volunteering work will be terminated immediately. Any information you provide on this form will be treated as strictly confidential and retained in a secure location in line with Data Protection requirements.**

**\*please delete as applicable**

**STRICTLY PRIVATE & CONFIDENTIAL  
EQUAL OPPORTUNITIES MONITORING FORM**

Autism Hampshire is committed to the principles of Equal Opportunities and strives to be an Equal Opportunity Employer. To ensure that Autism Hampshire is complying with Equal Opportunity legislation the organisation asks that all applicants complete the details below. This information will be used solely for monitoring purposes and will be treated as confidential. Upon receipt it will be separated from your application before any consideration of candidates takes place.

Completion is entirely voluntary and is not required for consideration for volunteering.

**Date of application:**

**Application for the post of:**

**Where did you see the post advertised?**

**I would describe my race or ethnic origin as:**

- |   |   |
|---|---|
| <input type="checkbox"/> White  | <input type="checkbox"/> Pakistani                    |
| <input type="checkbox"/> Bangladeshi                                    | <input type="checkbox"/> Black African                |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Black Caribbean              |
| <input type="checkbox"/> Indian   |   |
| <input type="checkbox"/> Black other: Please specify:                   | Asian other: Please specify: <input type="checkbox"/> |
| <input type="checkbox"/> Any other race or ethnic group please specify: |   |

**I would describe my religion as:**

- |  |  |
|--|--|
| <input type="checkbox"/> None                                    | <input type="checkbox"/> Jain                        |
| <input type="checkbox"/> Bah'i                                   | <input type="checkbox"/> Jewish                      |
| <input type="checkbox"/> Buddhist                                | <input type="checkbox"/> Muslim                      |
| <input type="checkbox"/> Christian (Including all denominations) | <input type="checkbox"/> Sikh                        |
| <input type="checkbox"/> Hindu                                   | <input type="checkbox"/> Other (specify if you wish) |
| <input type="checkbox"/> Prefer not to say                       |  |

**I am:** Male:  Female:  Other:  \_\_\_\_\_

**Age:**                      **Date of Birth:**

**Do you consider yourself Disabled?**      Yes:                       No:

**Are you registered Disabled?**              Yes:                       No:

Please return under "strictly private and confidential" to the Human Resources Department.

**THANK YOU FOR YOUR COOPERATION**