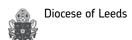
## Volunteer information/ Application form



Surname:	Forename:
Address (for correspondence):	
Telephone:	Email:
	terested in volunteering with Catholic Care?
3. Is there a parti	cular type of activity or area that you would like to do?
3. Is there a parti	cular type of activity or area that you would like to do?
3. Is there a parti	cular type of activity or area that you would like to do?



4. What experience, knowledge, training or qualifications do you have?	
5. Which days of the week and times are you available?	
6. How did you find out about volunteering opportunities with us?	

## 7. Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)

Have you ever be given a final warr If <b>Yes</b> , give detail final warnings an Because of the natur 1974 and all convicti	Yes	No		
Date of offence	Nature of offence	Sentence or nat	ure of police co	ourt sanction
applied for requires a l bearing on your suitab Catholic Care believes	ined in this application form will only be seen DBS Enhanced Disclosure, please provide deta ility for this post. that having a criminal record will not necessa you are applying for and the background of th	ails below of any enquiries mad rily bar you from working with	e against you tha	t may have a
8. Reference	S			
_	ames and addresses of 2 people we reported with the second of the second			
First referee				
Name:		Job title:		
Address:				
Postcode:		Telephone:		
Email:				
Capacity known:				
Second referee				
Name:		Job title:		
Address:		'		
Postcode:		Telephone:		
Email:				
Capacity known:				

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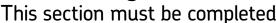
Information given in this application will be controlled under the General Data Protection Regulation and will be used for the purposes of recruitment within Catholic Care. Should your application be successful, the information will then be used for your volunteer records. The information provided will be processed both manually and automatically for these purposes. Details of our privacy notice for volunteers is available to view on our website. (www.catholic-care.org.uk/terms-conditions)  If you object to your details being retained in this way please tick the box								
10. Declaration (Please read the following before signing)								
If you omit information we have requested, we may not be able to consider your application. If you are appointed to the post, any major omission or inaccurate information relevant to your application, could lead to disciplinary or in some cases, legal action against you. I declare that the information contained in this form is true and accurate, and understand that if it is subsequently discovered that any statement is false or misleading, my employment may be terminated without notice. I understand too, that where appropriate to the post a Standard or Enhanced Disclosure check will be sought in the event of my application being successful.								
Signature:		Date:						

Please return form to: Michelle Vink - Community Manager at Catholic Care (Diocese of Leeds), 11 North Grange Road, Headingley, Leeds LS6 2BR

Catholic Care (Diocese of Leeds) 11 North Grange Road Headingley Leeds LS6 2BR

Telephone
0113 388 5400
Facsimile
0113 388 5401
Email
info@catholic-care.org.uk

## Monitoring Information This section must be completed





We are an equal opportunities employer. All applicants receive equal treatment irrespective of their sex, marital status, disability or race. This information is important for monitoring our policies and will be treated confidentially.							
Gender:			Male		Female		
Date of birth:							
Ethnic origin:		Black Caribbean		Black African			
			UK/Europear	า	Indi	an	
			Pakistani		Bangladeshi		
		Other Nationality		ality	Black Other		
Do you have a d	lisability?	Yes			No		
If yes please des	scribe						
Are you registered disabled?			Yes No				
Where did you s	see this vacancy	y ad	lvertised?				
For official use only							
						Service	



