**Volunteer’s Application Form**

Stockton on Tees Borough Council (SBC) values the diversity of the community it serves. We therefore welcome volunteers from a diverse background.

SBC is an equal opportunities employer. We ask you to assist us in monitoring our policies and practices by completing the equalities monitoring form.

If you are completing this form using a paper copy please ensure that you complete all sections and you use black ink and in block capitals.

|  |
| --- |
| **Personal Details** |
| Surname |  |
| First name |  |
| Address |  |
| Town  |  |
| Postcode |  |
| Telephone |  |
| Mobile |  |
| E-mail |  |
| National Insurance. No.  |  |

|  |
| --- |
| How did you find out about this volunteering opportunity? |
|  |

|  |
| --- |
| What days and times are you available? |
|  |
|  |
| What are your reasons for wanting to become a Volunteer? |
|  |
| Please read the role description and then tell us what skills and experience you will bring to the role (including any other voluntary work, paid work, life experience and training/education). Please also include any hobbies and interests you may have (you may continue on a separate sheet). |

**References**

Please give the details of two people (not related to you) who are prepared to act as a referee on your behalf. Examples of referees may include last employer, tutor, supervisor, a colleague. We will contact these people as part of the volunteer recruitment process.

**Referee One Referee Two**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Contact No |  | Contact No |  |
| Email  |  | Email  |  |

**Insurance and Liability Personal Accident Insurance**

Where a volunteer is injured as a result of a no-fault accident during the course of voluntary work for the Council they would be covered by this insurance. Certain benefits are payable by way of a capital sum and for temporary total disablement depending on the injury sustained.

**Fidelity Guarantee Insurance**

This insurance covers the Council up to a set limit for loss of money or property arising as a direct result of acts of fraud or dishonesty committed by a volunteer.

**Motor Insurance**

Where volunteers are asked to drive a Council owned vehicle on Council activities, insurance will be in place once the necessary checks have been completed and provided the volunteer can meet the required driving licence criteria.

If the volunteer uses their own private vehicle, then they are responsible for arranging their own insurance cover. Volunteers should therefore be advised, in their own interests, to obtain confirmation from their motor insurers that the insurance policy for the vehicle they intend to use is operative whilst the vehicle is being used for the voluntary activity of the Council.

Before a private motor vehicle is used by a volunteer, the volunteer's coordinator/ manager/ head-teacher must satisfy themselves that:

* the volunteer driving the vehicle is the holder of a current driving licence appropriate for the type of vehicle involved.
* the vehicle has a current MOT certificate (if applicable).
* the policy of insurance for the vehicle is operative whilst the vehicle is being driven by that volunteer for activities for the Council.
* managers must see and retain a copy of the Certificate of Insurance before approving any mileage claims (if applicable).

**Data Protection Information**

The personal information supplied by you on this application form will be used only to consider your application for volunteering with this Council. If you are shortlisted, contact will be made with the referees you supplied on the application form and a confidential reference will be sought from them.

The information you supply on the Equal Opportunities Monitoring Information Form will be used for those purposes stated only and will be retained in an anonymised form so that it cannot be linked to individual volunteers. The information you supply will be retained only as long as necessary for the purposes of audit and monitoring.

**Declaration**

I declare that to the best of my knowledge the information given in this application form is true and complete. I give permission for my details to be held securely according to the Data Protection Act.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature  |  | Date |  |

**Please email completed application forms to** ruth.cull@stockton.gov.uk

**or** **alternatively post them to:**

Ruth Cull

Reading Resources Librarian

Thorndale Centre

Thorntree Road

Thornaby TS17 8AP