**Volunteer Expression of Interest Form**

|  |  |  |
| --- | --- | --- |
| Name & Surname |  | |
| Home Address |  | |
| Post Code |  |
| Phone Number |  | |
| Email Address |  | |
| Date of birth |  | |

|  |
| --- |
| Please tell us about any relevant skills or experience you may have |
|  |

**Times available (***Please indicate***) when you have time to volunteer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning  9-12pm | ☐ | ☐ | ☐ | ☐ | ☐ |
| Afternoon  12 - 5pm | ☐ | ☐ | ☐ | ☐ | ☐ |
| Evening  5-6pm | ☐ | ☐ | ☐ | ☐ | ☐ |

**Access or Support needs**

|  |  |
| --- | --- |
| Do you have any additional access or support needs? | ☐ **No**  ☐ **Yes,** please specify: |

**Which roles are you especially interested in?** (*You may tick more than one*)

☐ Adult Mentoring/Employment Support

☐ Adult Learning classroom assistant

☐ Literacy and Numeracy Mentoring

☐ University Student Mentoring

☐ Reception Cover/Administration

☐ Academic Support- Primary and Secondary

Other, please specify:

|  |
| --- |
|  |

**References**

Please give the details of two people who will be able to offer a reference about your ability to act as a volunteer. *If you do not have two referees, you may still be accepted as a volunteer.*

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name & Surname |  |  |
| Phone Number |  |  |
| Email Address |  |  |
| Relationship |  |  |

**Emergency Contact**

|  |  |
| --- | --- |
| Name & Surname |  |
| Phone Number |  |

**Criminal Records**

For some of our volunteering roles we need a Disclosure and Barring Service check (previously known as Criminal Record Bureau check). Having a criminal record will not necessarily bar you from volunteering. This will depend on the nature of the opportunity, and the circumstances and background of the offence.

|  |  |
| --- | --- |
| Are you willing to complete a Disclosure and Barring service check? | ☐ **Yes** ☐**No** |

**Declaration**

I confirm that the information given is true and complete to the best of my knowledge.

I understand that The ClementJames Centre will:

1. In considering my expression of interest, treat the information given in this form in confidence.
2. Not disclose information to any third party without my prior agreement.
3. If I am accepted as a volunteer, retain this information for legitimate purposes, including contact purposes and the effective matching of volunteers with roles.

|  |  |
| --- | --- |
| I give permission for The ClementJames Centre to photograph and/or film me and to use photos and film of me for the promotion of The ClementJames Centre, including its website now and in the future. | ☐ **Yes** ☐**No** |

In signing this form, I give my consent for the information to be used as above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

Please return this form to: 95 Sirdar Rd, Notting Hill, London W11 4EQ

OR: phoebe@clementjames.org