

YOUNG VINCENTIANS DEVELOPMENT OFFICER Volunteer Application Form

**Please complete this form clearly.
All your information will be kept confidential.**

Basic Details

Mr/Mrs/Miss/other: _____ Name: _____

Date of birth: _____

Address: _____

Which Diocese do you belong to? _____

Which SVP Central Council do you belong to? (leave blank if unknown) _____

Email: _____

Telephone number (day): _____

Telephone number (eve): _____

Do you have a paid job? Yes /No If yes, what do you do? _____
(If you are on unemployment benefit/JSA, you must remain available for paid work)

How did you find out about volunteering for SVP?

Current and Previous Experiences

Have you done any voluntary work before? Yes / No If yes, please tell us what you have done:



Do you have experience in the **school** environment? Yes / No If yes, please describe this briefly:

Do you have experience in the **parish** environment? Yes / No If yes, please describe this briefly:

Why would you like to volunteer as a Young Vincentian Development Officer with SVP?

Tell us about any relevant skills and work experiences that you could bring to this role:

Education: (Please include: Educational institute attended, year and qualifications and grades obtained)



Equal Opportunity

Please tell us if there is anything that might make it more difficult for you to volunteer (e.g. any special needs, disabilities, illness, etc):

Yes / No If yes, please give details: _____

How would you describe yourself? (You can circle more than one description)

Jobseeker Student Working part-time Placement Retired

Claiming Incapacity or Disability Benefit Other _____

How would you describe your ethnic background?

White British Irish Other: _____

Asian Indian Pakistani Bangladeshi Other: _____

Black Caribbean African Other: _____

Mixed White & Black Caribbean White & Black African White & Asian Other

If any other please describe: _____

References

Please give us the name, address and telephone number of two people who can tell us whether they think you would be a good volunteer. The SVP will write to these people and may phone them as well. Choose people who are not related to you.

Person 1 (professional):

Name: _____

Address: _____

Telephone number: _____

E-mail: _____

Occupation: _____

How do you know them? (eg: employer, work colleague...) _____

Person 2 (personal – non-family member):

Name: _____



SOCIETY OF ST. VINCENT DE PAUL | 9 LARCOM STREET, WALWORTH, LONDON SE17 1RX |

Telephone 020 7703 3030 | Fax 020 7703 5467 | Email info@svp.org.uk | Web www.svp.org.uk

A company limited by guarantee • Registered in England & Wales No: 3174679 • Charity Registration No: 1053992

Vat registration number: 945628100

Address: _____

Telephone number: _____

E-mail: _____

Occupation: _____

How do you know them? (eg: parish priest, friend...) _____

CONFIDENTIAL

The SVP ensures that everyone working directly with vulnerable adults or children is properly checked.

Have you ever been convicted of any criminal offence by a Court of Law? Yes / No

If yes, please give details _____

If you continue with your application to volunteer, we might need to apply for a criminal records disclosure (DBS) for you. If you already own a CRB or DBS certificate, please inform us of the details:

Certificate Number: _____ Date of Issue: _____

Registered Person/Body: _____

Please sign here to indicate that all the information you have given us in this form is true, as far as you know.

Signature: _____ Date: _____

Please return this form either electronically via email to youngvincentians@svp.org.uk or by post to: Young Vincentians, SVP, 9 Larcom Street, London, SE17 1RX.

FOR OFFICE USE ONLY:

Form Sent/Given Completed Form received.....

References requested.....

Date ref 1 received Date ref 2 received

Date of interview: Attended

Alternative date: Attended

Accepted Declined (see notes)

Starting date:



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<p><i>Notes:</i>.....</p> <p>.....</p> <p>.....</p>

