



### Volunteer Application Form

Face to face Befriending

Telephone Befriending

#### Personal Details:

Title (e.g. Mr, Mrs, Ms):

First Name:

Surname:

Address:

Home Telephone  
Number:

Mobile Number:

Postcode:

Email Address:

#### Emergency Contact Details:

Name:

Phone Number:

Email Address:

Relationship to You:

#### References:

Please give 2 referees to whom confidential enquiries may be made.

We are looking for a recent employer, faith group leader, professional or community leader who you have known for at least 2 years. If you are at university, please give the name of your personal tutor. Referees must not be members of your family or spouse/partner:

##### Reference 1

Name:

Address:

Phone Number:

Email Address:

How long have you known this person and in what capacity?

##### Reference 2

Name:

Address:

Phone Number:

Email Address:

How long have you known this person and in what capacity?

Please note we will not be able to offer you a voluntary position without the receipt of satisfactory references

Do you have a current DBS Certificate? YES / NO

Are you on the update service? YES/NO

If you have an adult DBS certificate, please attach a copy to this application form.

#### Additional Information:

Do you have access to a personal telephone YES / NO?

Do you speak any other languages?  
Please give details:

Do you hold a full uk driving licence?

Would you be willing to drive as part of your volunteering role?

What days & times are you available to volunteer?

#### Skills and Experience:

Please list any skills and experience that you have which might be relevant to this role and why you would like to volunteer with this project?

#### Health:

Do you have, or have you had any medical problems which may affect your work as a Befriending volunteer? (If 'yes' please give details) **Yes / No**

#### Convictions:

Have you had any unspent criminal convictions? **Yes / No**  
If 'yes' please give details on a separate sheet.

*This post meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, any applicants for this post who are offered employment or who become volunteers for this organisation will be subject to a DBS check from the Disclosure & Barring Service before the appointment is confirmed. This will include details of cautions, reprimands or final warnings as well as convictions. A criminal record will not automatically bar a person from successfully taking up this post.*

**Data Protection & Declaration :**

AT MTF we value your support and promise to respect your privacy. The data we gather & hold in relation to your volunteering is managed in accordance with current Data Protection Law. We will not disclose, or share personal information supplied by you with any third party without your consent. By providing us with any personal data, and signing this form, you consent to the collection and use of any information you provide in accordance with the above purposes and our privacy policy which is available on our website [www.themustardtree.org](http://www.themustardtree.org) or by calling 0118 9567000.

MTF would like to keep you up to date with details of news, events and fundraising activities using the contact details you have supplied. If you agree to be contacted for these purposes, please tick the relevant boxes:

**I would like to be contacted about:**

Engage Befriending  OR All Mustard Tree Projects & Activities

**I would like to receive details of:**

News, events & funding  Prayer updates

**I agree to be contacted by:**

E-mail  Phone

Each role has different requirements. Depending on the role you are applying for, you may be required to apply for a Disclosure and Barring Check (you will be contacted with more information). You must be aged over 18 for some roles within specific projects.

I have read and understood and will adhere to the mission, values and ethos of the Mustard Tree Foundation and its projects and will not act in a manner that brings the charity into disrepute.

As part of your voluntary role you may be required to complete regular timesheets and communicate regularly with your project/team leader.

I declare that the information set out in this Application Form is to the best of my knowledge true in all respects, and I understand that giving false information/omitting to give information may mean that I am not able to volunteer. I am also prepared to apply for a DBS Check (if applicable) and agree to complete and return any necessary paperwork as part of my voluntary role.

Signed:

Date:

Please return all completed application forms to: [engage@themustardtree.org](mailto:engage@themustardtree.org)

The Mustard Tree Foundation  
Engage Befriending  
4 Sackville street  
Reading  
RG1 1NT

If you have any questions regarding volunteering, please email or call the office on 0118 995 2102

## Equal Opportunities Monitoring:

The Mustard Tree Foundation (Reading) operates a policy of equal opportunity and fair treatment. To assist us in monitoring this policy, and for this reason only, applicants are asked to give details of their ethnic origin, sex and any disability. Your answers to these questions will help the Mustard Tree keep fair selection for all.

### GENDER (SEX DISCRIMINATION ACT 1975)

Male

Female

### Ethnicity

White – British		Asian or Asian British – Pakistani	
White – Irish		Asian or Asian British – Bangladeshi	
White – Gypsy or Irish Traveler		Asian or Asian British – Chinese	
White – any other white background		Asian or Asian British – other	
Mixed – White and Black Caribbean		Black or Black British – African	
Mixed – White and Black African		Black or Black British – Caribbean	
Mixed – White and Asian		Black or Black British – Other	
Mixed - other		Other Ethnic Group – Arab	
Asian or Asian British - Indian		Any other ethnic group	

### Religion

Christianity (including C of E, catholic, Protestant or other denominations)	
Buddhism	
Hinduism	
Judaism	
Islam	
Sikhism	
Any other religion?	
Prefer not to say	

The **Disability Discrimination Act** defines disability as "any physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability which falls within this definition?

**YES / NO**

If yes, please give details:

Is there anything about your disability which is relevant to this role?

**YES / NO**

If yes, please give details:

Would the provision of any aids or adaptations assist you in carrying out the duties of this role?

**YES / NO**

If yes, please give details:

Is there anything we need to know about your disability in order to provide you with any help you may need for the interview (e.g. do you need a sign language interpreter, an accessible interview room)?

**YES / NO**

If yes, please give details: