# Logo, company name Description automatically generatedVolunteer Questionnaire

Please return to [recruitment@home-startleeds.co.uk](mailto:recruitment@home-startleeds.co.uk)

***Home-Start Leeds is committed to safe recruitment practice as an important part of safeguarding and protecting children, young people and adults.***

## IMPORTANT

**PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY BEFORE COMPLETING OUR QUESTIONNAIRE.**

You may notice that some of the questions we ask are of a particularly personal and sensitive nature. Answering the questions, which are marked \* is optional. However, we do hope, for the reasons given you will feel able to answer all questions. If you have any concerns please talk to a Home-Start Coordinator.

*Home-Start Leeds is committed to*

* *Ensuring that people from all communities and backgrounds, have the opportunity to be considered as a volunteer with us.*
* *Recognising the rich diversity of people, with all they have to offer and to gain from volunteering.*
* *Trying to meet the individual needs of all our volunteers.*

##### 

##### PLEASE USE BLOCK CAPITALS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | | | | Home Tel |  | | | |
| Address |  | | | | | | | Mobile |  | | | |
| Email |  | | |
| How long have you lived at this address | |  | | | | | | Preferred Contact | Tel/Mobile/Email | | |
| Previous Addresses for past 5 years | | Date | | | Address | | | | | | |
|  | | |  | | | | | | |
| Date of Birth\* | | | |  | | | | | | | | |
| Languages Spoken | | | |  | | | | | | | | |
| BSL/other sign languages | | | |  | | | | | | | | |
| **\* Religion** | | | |  | | | | | | | | |
| Are you a parent? | | | | YES/NO (please circle) | | **\*Are you a lone parent?** | | | | YES/NO (please circle) | | |
| **Home-Start’s ethos is ‘parents supporting other parents’ and all Staff and Volunteers are parents, stepparents or foster parents. Please give details of your parenting experience** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Your Children’s Names/Ages**  **(Please include young people over 18 years)** | | | 1 | | | | 6 | | | |
| 2 | | | | 7 | | | |
| 3 | | | | 8 | | | |

|  |  |
| --- | --- |
| **Do you have any previous experience of a Home-Start scheme?** | YES/NO (please circle) |
| **If ‘yes’ please give name of scheme**: |  |
| **What was your role at the scheme?**  Please tick all relevant boxes:  Volunteer Employee Trustee Family supported | |

**Employment History**

|  |  |
| --- | --- |
| **Are you currently in paid work?** | YES/NO (please circle) |
| **Employers Name** |  |
| **Current Role – including description** |  |
| **Dates from** |  |

|  |  |  |
| --- | --- | --- |
| **Previous Employment History - Please give details of all your employment. If you have nay gaps please explain** | | |
| Dates from/to | Employers Name | Role |
|  |  |  |
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|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Volunteering History - Please give details of your volunteering experience** *– please add additional lines if required* | | |
| Dates from/to | Voluntary Organisation Name. | Role |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Education & Learning History (post 16)** *– please add additional lines if required* | |
| Dates from/to | College/course attended. |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |
| --- |
| **Tell us about your life experiences that could benefit a family Home-Start support.** |
|  |

|  |
| --- |
| **Tell us why you want to become a Home-Start Volunteer** |
|  |

|  |  |
| --- | --- |
| **Are you able to spend at least 3 hours per week on Home-Start volunteering and occasional additional time for training/support?** | YES/NO (please circle) |

|  |
| --- |
| **Anything else that you would like to tell us about yourself** |
|  |

**Logo, company name

Description automatically generatedReferences**

**Please give 2 referees (not a relative by birth/marriage or friend) who have known you at least 3 years**. (ideally, they should be a previous employer or organisation you have volunteered for, a school or college tutor, religious leader or health practitioner). If your Referee's have not known you for 3 years we ***will require a third reference –*** please add in the section ‘ *Anything else you would like to tell us’*

Please ask permission before giving Referees details and check their contact details (including email).If you have been a resident in the UK for 5yrs or less, as part of our commitment to safer recruitment practice, you are required to provide an additional 2 references, preferably at least one should be someone from your previous country of residence.

**If you have Volunteered at any other Home-Start scheme you must give the scheme as a reference.**

**Referee 1 (Current or most recent employer) Referee 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Position |  | Position |  |
| Address & Postcode |  | Address & Postcode |  |
| Email |  | Email |  |
| Phone No |  | Phone No |  |
| Capacity in which they have known you: | | Capacity in which they have known you: | |
| How long have they known you? | | How long have they known you? | |

**Please note:** *As part of our monitoring and safer recruitment process* ***50%*** *of references will be randomly selected for* ***verification follow up*** *telephone calls*.

## Important

## Home-Start Volunteers are in a privileged position visiting families in their own homes and have contact with children, young people and vulnerable adults. We have a responsibility to ensure that no one who would misuse this trust becomes a volunteer.

|  |  |
| --- | --- |
| Have you had any personal contact with Social Services/Social Work Department or NSPCC/Children 1st in connection with children in your care? | YES/NO |
| Have any of your children been subject to a Child Protection plan, CIN Plan, EHP | YES/NO |
| Have you ever been dismissed from any paid or voluntary work? | YES/NO |
| Have you ever been arrested or dealt with by the police for a criminal offence? | YES/NO |
| Are there any matters outstanding that may lead to a criminal prosecution? | YES/NO |
| ***If you answered yes to any of the above questions please give details:*** | |
|  | |

**Logo, company name

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|  |  |
| --- | --- |
| **\*Do you have a disability and/or any other on-going condition that could affect your volunteering?** | YES/NO (please circle) |
| If YES please give more information | |

|  |  |
| --- | --- |
| \*Is there any particular support that we could offer you to help you in your role as a Home-Start Volunteer? | YES/NO (please circle) |
| If YES please tell us how we can help | |

**Rehabilitation of Offenders Act**

|  |  |  |
| --- | --- | --- |
| This post is exempt from the provisions of the Rehabilitation of Offenders Act, 1974. You must therefore disclose any criminal convictions, including spent convictions, suspended sentences and bind over orders | | |
| Have you ever been convicted of a criminal offence?  If yes, you may be asked to supply details. | Yes | No |
|  | | |

**This post is subject to Criminal Record checks (DBS) at Enhanced Level.**

**Declaration**

|  |  |
| --- | --- |
| I understand that if I am offered a position of being a Volunteer, I will be required to have a Disclosure & Barring Service Check (DBS) at Enhanced level.  I declare that to the best of my knowledge and belief, all statements contained in this form are correct. I understand that should I make a deliberate misrepresentation any employment offered to me may be terminated. In submitting this information I agree that my application details may be held securely by Home-Start Leeds | |
| Signed |  |
| Date |  |

A logo for a home start

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**Candidate Consent Form : Opt-In to Processing Data Form**

I understand that the processing and sharing of my personal data is necessary for the purposes of Volunteering.

I, hereby give my consent to Home-Start Leeds to process the following information:

* Personal Data
  + Name
  + Date of birth
  + Contact details, including telephone number, email address and postal address
  + Experience, training and qualifications
  + Application – general information
* Sensitive personal data
  + Disability/health condition relevant to the role
  + Criminal convictions relevant to the role
  + Ethnicity (optional)

I consent to Home-Start Leeds processing the above personal data for the following purposes:

* For Home-Start Leeds to provide me with a Volunteering opportunity
* Process my data for the purposes of maintaining internal records

And if employed to process the following data for Volunteering purposes.

* Bank Details

The consent I give to Home-Start Leeds will last for as long as necessary for the purpose it was collected, and once Home-Start Leeds no longer need it, it will be deleted or anonymised. I am aware that I have the right to withdraw my consent at any time by completing a Consent Withdrawal Form.

|  |  |
| --- | --- |
| Name |  |
| Signature (can be electronic) |  |
| Date |  |

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Home-Start Leeds is committed to promoting and achieving equality for our Staff Team, Volunteers, and the Families we support. It would be helpful if you could answer a few anonymous questions which will help us ensure that we are reaching out to all sections of our community.

**Gender**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Female |  | Male | |  | I prefer to use my own term |  |
| If you prefer to use your own term, please provide this here: | | |  | | | |

**Is your gender identity the same as the gender you were assigned at birth?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

**Sexual Orientation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bisexual |  | Gay/lesbian | |  | Heterosexual/straight |  |
| I prefer to use my own term  If you prefer to use your own term, please provide this here: | | |  | | | |

**Do you consider yourself to have a disability?**

*Under the Equality Act 2010, a person is considered to have a disability if they have a physical or mental impairment that has a s****ubstantial****and****long-term****negative effect on their ability to carry out normal day-to-day activities.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

*Please note, information provided in this form is for monitoring purposes only*

**Age**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16 – 19 |  | 20 -24 |  | 25-29 |  | 30-34 |  | 35-39 |  | Prefer not to say |
| 40 - 44 |  | 45-49 |  | 50-54 |  | 55-59 |  | 60+ |  |  |

**Ethnicity**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Arab |  | Asian or Asian British: Other |  | Mixed: White and Black Caribbean |  | White: British |  |
| Asian or Asian British: Indian |  | Black or Black British: Other |  | Mixed: White and Asian |  | White: Irish |  |
| Asian or Asian British: Bangladeshi |  | Black or Black British: African |  | Mixed: White and Black African |  | White: Gypsy, Roma or Irish Traveller |  |
| Asian or Asian British: Chinese |  | Black or Black British: Caribbean |  | Mixed: Other |  | White: Eastern European |  |
| Asian: Other |  | Black: Other |  | Other |  | White: Other |  |
| Asian or Asian British: Pakistani |  | Other please state: |  |  | | | |

**Religion and belief**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Christian |  | Jewish |  | None |  | Buddhist |  |
| Hindu |  | Muslim |  | Sikh |  | Other |  |
| If you prefer to use your own term, please provide this here: | | | | |  | | |

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