



PLEASE INSERT  
YOUR PHOTO  
IN THIS BOX

# Volunteer mentor application form

Please answer all questions using **BLOCK CAPITALS**

Personal details	
Title	
First name	
Surname	
Date of birth	
Age	
Sex	M / F
Nationality	
Home address	
Home e-mail	
Work e-mail	
Home telephone*	
Work telephone*	
Mobile*	
*please indicate best time / method to contact you	
Change of address	

Race / ethnicity	
Please mark X in the box relevant to you	
<b>White</b>	
<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Other (specify):
<b>Black or Black British</b>	
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Other (specify):
<b>Mixed</b>	
<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Other (specify):
<b>Asian or Asian British</b>	
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Chinese
<b>Other Ethnicity</b>	
<input type="checkbox"/>	Specify:

General	
Why would you like to become a volunteer mentor?	
What experience, if any, do you have with children?	
Are you a parent? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what age and sex are your children?	
What recreational interests, e.g. hobbies, sports, do you have that you could share with a child?	
What languages do you speak?	
Where did you learn about Chance UK?	
Campaign <input type="checkbox"/> Leaflets / postcards <input type="checkbox"/> Internet <input type="checkbox"/> College <input type="checkbox"/> Recruitment event <input type="checkbox"/>	
Volunteer Bureau <input type="checkbox"/> Children's services <input type="checkbox"/> Newspaper (please specify which, if known) <input type="checkbox"/>	
Other (please specify) <input type="checkbox"/>	

**Emergency contact details**

Title
First name
Surname
Relationship to you
Home address
E-mail
Home telephone
Work telephone
Mobile

**Health**

Do you have any health problems or a disability that you feel might affect your work with Chance UK? If yes, give details

**Employment history**

What is your current status?

Full-time employed  Part time employed  Unemployed  Retired  Student

Other (please specify)

Please give details of your current job and any other relevant work history. Use a continuation sheet if necessary.

From	To	Job title	Organisation	Describe your work

Please give details of any **voluntary** or **charitable** work you have done, starting with the most recent. Use a continuation sheet if necessary.

From	To	Job title	Organisation	Describe your work

## References

Please give details of **at least** two referees who have known you in a **professional capacity** for six months or longer. One must be your current/most recent employer or a recent academic reference. None of your referees can be a member of your immediate family or a close friend. We will write to your referees on the Monday after the first day of training.

Name	Occupation
Relationship to you	Length of relationship
Address	
E-mail	Telephone
Name	Occupation
Relationship to you	Length of relationship
Address	
E-mail	Telephone
Name	Occupation
Relationship to you	Length of relationship
Address	
E-mail	Telephone

## Disclosure

Chance UK is a Criminal Records Bureau (CRB) registered organisation. All volunteer applicants must complete an enhanced disclosure records check, to ensure the safety of the children with whom we work. These checks are strictly confidential to registered Chance UK staff. Please note, not all criminal convictions automatically preclude applicants from working with Chance UK; however, if you have any listed convictions we may contact you to clarify matters before processing your application.

Have you ever been convicted of a criminal offence?    Yes     No     If yes, please give full details.

## Declaration

I declare that the information on this form has been supplied by me and is correct.

Signed:

Date:

**Please return your completed volunteer mentor application form to:**  
**Children and Family Action**  
**301a Queen Street**  
**Withernsea**  
**East Yorkshire HU19 2NW**  
**kclark@familyaction.org.uk**



**For office use only**

Name of volunteer

	Sent		Received		Checked	
Ref 1						
Ref 2						
Ref 3						
CRB check						
CRB check (resent)						

Passed Yes  No

	Date	Interviewer1	Interviewer 2	Accepted?	Notified	
Interview 1	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Interview 2	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Notes

**Chance UK**  
**Second Floor, London Fashion Centre**  
**89 – 93 Fonthill Road**  
**London N4 3JH**

**Telephone: 020 7281 5858 ext 201**  
**Fax: 020 7281 4402**

**E-mail: [vol@chanceuk.com](mailto:vol@chanceuk.com)**  
**Website: [www.chanceuk.com](http://www.chanceuk.com)**