|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details. Full name:** | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | |
| Date of birth | | |  | | | | Telephone (evening) | |  | | | |
| Mobile | | |  | | | | | | | | | |
| Email | | |  | | | | | | | | | |
| School/college | | |  | | | | | | | | | |
| **Parent/Guardian/Carer. Full name:** | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | |
| Telephone | |  | | | | | | | | | | |
| Mobile | |  | | | | | | | | | | |
| **Where did you hear about the role?** | | | | | | | | | | | | |
| Facebook  Baildon Town Council Website  Poster/flyer | | | | Press release  Volunteering Event  Baildon Town Council Newsletter | | | | | | | Bracken Hall visit  DofE leader/Scout leader  Other, please specify: | |
| **Are you wanting to volunteer as part of:** | | | | DofE Award Scheme | | | | Scouts | | | | Other (please specify): |
| **There are many activities that you can become involved in; please indicate below if you are interested in any of the following:** | | | | | | | | | | | | |
| General duties during normal BHCC opening times | | | | | | | Gardening activities | | | | | |
| Preparing new displays | | | | | | | DIY | | | | | |
| Developing activities for visitors | | | | | | | School holiday activities | | | | | |
| Leading walks | | | | | | | Coordinating special events | | | | | |
| Others (please specify): | | | | | | | | | | | | |
| **Please use this space to tell us how you would like your volunteering to help Bracken Hall:** | | | | | | | | | | | | |
| **Please tell use this space to tell us why you would like to volunteer (please use an additional sheet if needed):** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Baildon Town Council aims to create a positive environment that enables all volunteers to realise their full potential. So that we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **To be discussed further at interview**  **Bracken Hall is open on Sat/Sun afternoons, 12-4pm. Please tell us your preferred days and times for volunteering** | | | | | | | | | | | | |
| Saturday 11.45am - 4.15pm | | | | | | Sunday 11.45am – 4.15pm | | | | | | |
| Other times/days may be possible (please specify): | | | | |  | | | | | | | |
| How often would you like to volunteer? (e.g. once every week) | | | | |  | | | | | | | |
| How long would you like to volunteer for (e.g. 3 months)? | | | | |  | | | | | | | |
| How long would you like to volunteer for on each occasion (e.g. 1 hour)? | | | | |  | | | | | | | |
| **Have you ever been convicted of a criminal offence?**  You do not need to disclose convictions deemed as ‘spent’ under Rehabilitation of Offenders legislation.  Yes  No  If yes, please give details of all offences, sentences and dates on a separate sheet of paper and return in a sealed envelope marked confidential for the attention of the Bracken Hall Manager.  A criminal conviction does not necessarily prevent you from volunteering with Baildon Town Council, however, if you do not disclose this information, it may impact on your ability to volunteer. You may prefer to discuss this with the Bracken Hall Manager privately. All information will be stored in line with the Data Protection Act. | | | | | | | | | | | | |
| **References**  Please provide details of two referees who are not directly related to you and who you have known for at least two years. | | | | | | | | | | | | |
| **Referee 1** | | | | | | | **Referee 2** | | | | | |
| Full name |  | | | | | | Full name | |  | | | |
| Address |  | | | | | | Address | |  | | | |
| Tel (day) |  | | | | | | Tel (day) | |  | | | |
| Mobile |  | | | | | | Mobile | |  | | | |
| Email |  | | | | | | Email | |  | | | |
| Capacity in which known to you |  | | | | | | Capacity in which known to you | |  | | | |
| **Candidate’s declaration**  I declare that the information I have given on this form is correct and understand that any information found later to be incorrect may result in the termination of any volunteering arrangements. I agree to Baildon Town Council holding my information on file in accordance with the Data Protection Act 2018. | | | | | | | | | | | | |
| Signed: | | | | | | | | | | Date: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/guardian/carer consent and Duke of Edinburgh Award Scheme coordinator/Scout leader approval (if applicable) | | | |
|  | Name (please print) | Signed: | Date: |
| Parent/guardian/carer (if candidate is under 18) |  |  |  |
| DofE/Scout/other group leader (if applicable – please state your role in the organization) |  |  |  |

**Please return the form to the Bracken Hall Manager (Tel: 07938 063 062)**

**In person to: Bracken Hall Countryside Centre, Glen Road, Baildon BD17 5EA**

**By mail to: Bracken Hall Manager c/o Baildon Town Council, Baildon Library, Hallcliffe**

**Baildon, Shipley, West Yorkshire BD17 6ND**

**By email: brackenhallmanager@baildontowncouncil.gov.uk**