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| **Liver4Life**  **08000 74 34 94**  [**info@liver4life.org.uk**](mailto:info@liver4life.org.uk)  [www.liver4life.org.uk](http://www.liver4life.org.uk/) |  |  |

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| HELPLINE VOLUNTEER APPLICATION FORM | | | | | | | | | | | |
| Surname |  | | | First Name |  | | | | Title |  | |
| Street Address |  | | | | | | | | | | |
| Town/City |  | | | County |  | | | | Post code | |  |
| Phone No |  | | | E-mail Address | | |  | | | | |
| Age range: 18 - 29 yrs  30 - 49 yrs  40 - 49 yrs  50 - 59 yrs  60+ yrs | | | | | | | | | | | |
| Date Available |  | | | | | | | | | | |
| **Criminal Convictions – Self Disclosure Policy**  In line with L4Ls duty of care to staff, volunteers and service users, we operate a self-disclosure policy for any criminal convictions you feel might affect your involvement with L4L. We operate this policy under The Rehabilitation of Offenders Act (ROA) 1974. Therefore only those unspent convictions which fall under the Exception order of the ROA, relating to working with vulnerable adults, need to be declared.  If you have such convictions, please tick here: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Education | | | | | | | | | | | |
| Secondary Education |  | | Address | |  | | | | | | |
| From:  To: | | GCSEs/A levels | | | | | | | | | |
| College/University |  | | Address | |  | | | | | | |
| From:  To: | | Qualifications | | | | | | | | | |
| Other |  | | Address | |  | | | | | | |
| From:  To: | | Qualifications | | | | | | | | | |
|  | | | | | | | | | | | |
| References | | | | | | | | | | | |
| Please provide the name and address of two people (not related to you) to whom we may apply for references, at least one of whom is your current or most recent employer, or other professional who is able to comment on your character and skills. | | | | | | | | | | | |
| Full Name |  | | | | | Relationship | |  | | | |
| Company |  | | | | | Phone No | |  | | | |
| Address |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Full Name |  | | | | | Relationship | |  | | | |
| Company |  | | | | | Phone No | |  | | | |
| Address |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment – current or most recent first | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | Job Title |  | | | | |
| Address | |  | | | | | | | | | Phone No | |  | | | |
| Responsibilities | | | | |  | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving |  | | | | | | |
| May we contact for a reference? | | | | | | | | | | YES | NO |  | | | | |
|  | | | | | | | | | |  |  |  | | | | |
| Company | | |  | | | | | | | | Job Title |  | | | | |
| Address | |  | | | | | | | | | Phone No | |  | | | |
| Responsibilities | | | | |  | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving |  | | | | | | |
| May we contact for a reference? | | | | | | | | | | YES | NO |  | | | | |
|  | | | | | | | | | | | | | | | | |
| VOLUNTARY WORK UNDERTAKEN | | | | | | | | | | | | | | | | |
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| further information | | | | | | | | | | | | | | | | |
| Please tell us why you are interested in volunteering for the Helpline and what skills or experience you can bring to the role. Please advise us as to your level of knowledge around liver health and whether you have any specific area of expertise, and your availability during the week. | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | Date |  | |

**Registered charity number: 1152618**