



## Independent Visitor Application Form

**Name:**



**Home Address:**



**Telephone Numbers:**

**Day:**

**Evening:**

**Mobile:**

**Preferred contact time:**



**Email Address:**

**Date of Birth:**

**Emergency Contact Name and Telephone Number:**

**Medical Conditions we would need to be aware of to ensure the safety of yourself and others e.g. epilepsy, asthma etc**

**Do you need any support, aides or adjustments due to a disability to assist you in being able to volunteer? Yes / No**

**If yes, please give details:**

**Why are you interested in volunteering as an IV?**

**Please tell us about any experience, skills, qualifications or interests you have that you could use as an IV?**

<b>Availability – please tick the times you are usually available as a volunteer:</b>							
	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

<b>Please tick which areas of East Riding of Yorkshire you are able to volunteer in:</b>			
<b>Beverley</b>	<input type="checkbox"/>	<b>Haltemprice</b> (Hessle, Cottingham, Brough)	<input type="checkbox"/>
<b>Bridlington / Driffield</b>	<input type="checkbox"/>	<b>Holderness</b> (Withernsea, Hornsea, Hedon)	<input type="checkbox"/>
<b>Goole / Snaith / Howden</b>	<input type="checkbox"/>	<b>Wolds and Dales</b> (Market Weighton, Pocklington)	<input type="checkbox"/>
<b>Preferred locations:</b>			

<b>Do you hold a full valid driving licence?</b>	<b>Yes / No</b>
<b>Do you have your own transport?</b>	<b>Yes / No</b>

<b>Are you willing to undertake training?</b>	<b>Yes / No</b>
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<b>Referees – please give the names of two people who we can contact to confirm you are suitable to work as a volunteer for the council.</b>	
<b>Name:</b>	<b>Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone number:</b>	<b>Telephone number:</b>

<p><b>General Information</b></p> <p>This application will be treated in the strictest confidence. The Council reserves the right to verify claims made in this application.</p> <p>Any false statement or withholding of relevant information may result in this application being rejected or the withdrawal of approval to volunteer.</p>
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**Applicant Declaration**

**I agree to comply with the council’s volunteer code of conduct.**

**I certify that the contents of this application are, to the best of my knowledge and belief, a true statement.**

**Signature:**

**Date:**



**TO BE ISSUED FOR SAFEGUARDING POSTS ONLY**  
**Applicant Declaration of Criminal Record**

This post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act, 1974 by virtue of the Rehabilitation of Offenders Act, 1974 (Exemptions) Order 1975. Applicants must declare all convictions, cautions or bind-overs which for other purposes are “spent” under the provisions of the Act.

East Riding of Yorkshire Council is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all volunteers to share this commitment. The suitability of all prospective volunteers will be assessed during the recruitment process in line with this commitment. A criminal records bureau check will be made on all volunteers who will be in contact with vulnerable groups prior to approval to volunteer.

Any information given will be completely confidential and will be considered only in relation to your application for this voluntary post. Any disclosure information revealed will be discussed with you prior to a recruitment decision being made. All criminal record information is dealt with in accordance with the Criminal Records Bureau Code of Practice, a copy of which can be supplied on request.

**Having a criminal record will not necessarily bar you from volunteering with us.** This will depend on the nature of the position and the circumstances and background of your offences.

**Have you ever been convicted of a criminal offence, cautioned or bound-over?**

**Yes / No**

**If you have answered YES above, please state the nature of offence(s) and the date and place of the conviction(s), caution(s) or bind-over(s):**

**Applicant Declaration**

In completing this form, I give my permission for this information to be used in the recruitment process and to be held and used for the purpose of compliance with Council policy and legislation in relation to health, safety and safeguarding and analysis for management purposes as defined under data protection legislation.

I agree that I will inform my supervisor immediately of any conviction for a criminal

offence (other than minor road traffic and parking offences).

**I am not barred or disqualified from working with children or vulnerable adults or subject to sanctions imposed by a regulatory body in relation to work with vulnerable groups. I have declared any convictions, cautions and bind-overs.**

**I certify that the contents of this form are, to the best of my knowledge and belief, a true statement.**

**Signature:**

**Date:**