

Unpaid Volunteer Application Form

Please note QAC are not able to provide placements to applicants under the age of 18 years old

We welcome applications to work with QAC in a volunteer role.

Volunteer positions are for a set period and can last up to two years with the company.

Once HR receive your application, the team will speak with managers to see if there are currently any opportunities within the company.

If there is a post available, the team will be in touch with you to organise an interview.					
Personal Details					
Full Name:					
Address:					
Mobile		Email			
Number:		Address:			
Land Line		Date of Birth:			
Number:					
College/ Uni					
<u>placements</u> Establishment					
that you					
attend					
<u> </u>		Availability			
To help us find th	ne best volunteer role for yo		e areas of vo	lunteering	ou are
interested in:	·	, ·		0.	•
	Administration		Driving		Reception
	Maintenance		Residen		Community
			tial		Hub
			Living		
	Fundraising		Learning		Marketing
			Support		
	Lunchtime		Cleanin		IT / Resources
	Supervision		g		
To enable us to best use your skills and abilities, please answer the following questions.					
What employment / volunteering experience do you have?					
2. What skills / expertise are you able to offer to QAC?					
3. What do you hope to achieve by volunteering at QAC?					
4. What, if any, experience do you have of supporting/working people with disabilities?					



		Safeguarding			
QAC employmer	nteer work are subject rece Service (DBS) ch at and volunteer posts are e fore, you are required to d	eipt of a satisfact eck as well as tw exempt from the	o reference terms of the	s. Rehabilitation of Offenc	ders
-	een convicted of a e or received a caution,	эрст.	Yes	No	
	, please give details:				
	, , , , , , , , , , , , , , , , , , ,				
guidance in the K Please share bel	er recruitment obligations eeping Children Safe in Ed ow any social media handl inkedIn, Instagram, Twitte	lucation docume es or usernames	ent. so checks		vith
		References			
Please provide details of two independent referees who would be willing to supply a reference					
Referee 1	pe family members).				
Name		Phone Number:			
Job Title		Email:			
Referee 2					
Name		Phone Number:			
Job Title		Email:			
	Health & Safety a				
Please advise us in case of an eme	of any medical condition(sergency.	s) and next of kin	details whic	ch allow us to act prompt	tly
		Next of Kin			
Full Name		Phone Number:			
Email Address	-				



Address				
Relationship				
to you?				
Declaration				
I declare that the information provided on this form is accurate and to the best of my knowledge. I				
authorise QAC to seek references to support my application.				
PRINT NAME		SIGNATURE		

HR USE ONLY				
Departments				
identified with				
volunteer positions:				
Interview Required?	Date & Time :			
Induction Date:	Signed:			
	Print Name:			