



# ACCI VOLUNTEER APPLICATION FORM

#ACCI  
CHARITY

# ACCI VOLUNTEER APPLICATION FORM

Current Date:

Title:

First Name:

Surname:

DOB:

Telephone Contact Details:

Email address:

Preferred method of contact?

Address:

Postcode:

Why are you interested in volunteering with ACCI?  
Please tick all that apply.

Gain employability skills &  
work experience

☐

Make a difference to  
the lives of others

☐

Build my confidence and  
self-esteem

☐

Share knowledge  
and experience

☐

To support the work  
we do

☐

Share knowledge  
and experience

☐

Role applied for:

**What type of volunteer role(s) are you interested in? (Rate in order of preference)**

|                |  |                        |  |                           |  |
|----------------|--|------------------------|--|---------------------------|--|
| Administration |  | Men's Group            |  | Board membership          |  |
| Day Centre     |  | Horticulture/Gardening |  | Exercise                  |  |
| Befriender     |  | Women's Group          |  | Sports/Outdoor Activities |  |
| Newsletter     |  | Carer support          |  | Cooking                   |  |
| Media Group    |  | Hearing Voices         |  | Event Planners            |  |

## Your availability

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Totally Flexible |
|--------|---------|-----------|----------|--------|----------|--------|------------------|
| am     | am      | am        | am       | am     | am       | am     |                  |
| pm     | pm      | pm        | pm       | pm     | pm       | pm     |                  |

## Relevant experience

Please tell us about any voluntary or paid experience you have and why you wish to volunteer at ACCI: (continue on separate sheet if necessary)

### Equal Opportunities:

1. ACCI welcomes volunteer applicants with all range of abilities for the skills they bring.
2. We aim to create a positive environment that enables all volunteers to realise their full potential. So 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).
3. Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?

Yes:

☐

No:

☐

If you have ticked yes, summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

### Referee details:

Please give details of 2 people we can contact as a referee who has known you for at least 12 months (this could be an employer, previous employer, work colleague, tutor, support worker, GP, landlord etc).

Ref 1. Name:

Relationship to you:

Address:




Postcode:

Email address:

Telephone No:

**Ref 2. Name:**

Relationship to you:

Address:

Postcode:

Email address:

Telephone No:

Signature(s):

Date:

**NOTICE TO ALL APPLICANTS**  
SELECTED FOR INTERVIEW  
ON THE NEXT PAGE.

**PLEASE NOTE** THAT A DBS  
CHECK WILL BE REQUIRED  
PRIOR TO VACANCY OFFER



Please complete this form and return it with your application form.

## REHABILITATION OF OFFENDERS ACT 1974

This Act says that details of certain offences need not, after a defined period of time has elapsed, be disclosed by an offender in connection with an application for most types of employment.

However, there are certain types of employment where you are not entitled to withhold information about any previous convictions for any offence whatsoever.

Since you are applying for employment with ACCI, which could involve access to persons under eighteen or over sixty-five, or who are suffering from some serious physical or mental disability by reason of illness, injury, handicap, drink or drugs, you are required to disclose any previous convictions which you may have.

FAILURE TO DISCLOSE PAST CONVICTIONS COULD RESULT IN DISCIPLINARY ACTION OR DISMISSAL.

### CONVICTIONS FOR CRIMINAL OFFENCES

Department:

Name:

Post applied for:

Do you have any past convictions: **Yes**

**No**

If yes, please give details:

(Disclosure of a past conviction will not necessarily bar you from selection)

Signature:

Date:

# ACCI Volunteer Application Form.

## Contact Details

Chief Executive  
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