Victim Support Isle of Man

Helping people cope with crime

VOLUNTEER APPLICATION FORM

Section 1: Personal Details

Title: …….. Forename: ……

Surname: ……Previous Name:……

Home Address: ……

……Post Code: ……

Previous Address (In the last 5 years) ……

……

Email Address: ……

Home Phone/Mobile: ……

Place and Date of Birth: ……

Current Occupation: ……

Section 2: Interests – This section aims to find out about your personal interests

What relevant skills do you have and how have you used them?

We would like to know about the influences on your life. Please describe below the difference this makes in your life

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Please list the languages that you speak and indicate the fluency in each

Section 3: General information and disclosure (please circle appropriate response)

Disclosures made in this section help us give practical support to you concerning any involvement you may have with volunteering.

Do you hold a current full UK/Manx driving license Yes No

Please give details of any endorsements:

Do you have any disability or medical condition for which you receive treatment?

If yes, please give details

Do you presently suffer/have previously suffered from any mental illness for which you are receiving/have received treatment? Yes No

If yes, please give details

Is there anything that precludes you from working with children or vulnerable adults? If yes, please give details: Yes No

Victim Support is able to require prospective volunteer visitors to disclose all convictions including 'spent' convictions, as this work is covered by the exemption order of the capital Rehabilitation of Offenders Act 2001

If you have any cautions/convictions, please tick this box …… ☐

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STATEMENT

I apply to become a (tick all that apply) :

VSIOM Welfare Volunteer	
VSIOM Witness Service Volunteer	
VSIOM Fundraising Volunteer	
VSIOM Administration Volunteer	

I agree to my details being passed to the police to conduct a check for convictions, and for the result of this check to be disclosed to Victim Support in confidence.

Signed …… Date: ……

Please return this for with an **up-to-date CV** to:

Volunteer Recruitment, Victim Support Isle of Man, 6 Albert Street, Douglas, IM1 2QA

For Office use only	
Initial Interview	
Application received	
Referenced requested	**Referenced received**
1)	**1)**
2)	**2)**
DBS requested **DBS Privacy Policy issued**	
DBS approval received	
Accepted for training	**Yes/no**
Accredited	