



Application form

Please email to streetangelsyork@gmail.com or mail to 1 Forest Close, Wigginton
York YO32 2ZG

Personal details:

First names		Surname	
Home address			
Postcode		Age	
Home tel		Mobile	
Email			

Relevant employment and volunteering history:

Please give details of any employment or volunteering roles you've undertaken which you consider relevant to this role - continue on a separate sheet if required.

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Please explain briefly why you are interested in becoming a Street Angels York volunteer

Please give examples of occasions when you have demonstrated the qualities looked for in a Street Angels York volunteer: commitment, selflessness, being non-judgemental, integrity, honesty, good people skills, collaboration and compassion for those in need. Try to include an example of when you have shown respect for someone's lifestyle, culture or beliefs, even though they differed significantly from your own.

Do you bring any particular skills that you think would be useful as a Street Angel?

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Please provide any other information you consider relevant to your application to join Street Angels York. This could include information about your interests, and should include any special circumstances which would require special provision in supporting you in this role.

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References

Please provide below the names and contact details of two referees. Neither should be related to you, & if connected to a Church then one can be by your Church leader.

Referee 1			
Name			
Position			
Address			
Postcode		Email	
Tel		Mobile	
Can this person comment on your suitability to work with children, young people and vulnerable adults?	Y / N		

Referee 2

Name			
Position			
Address			
Postcode		Email	
Tel		Mobile	
Can this person comment on your suitability to work with children, young people and vulnerable adults?	Y / N		

Availability

I would like to volunteer on: (please tick **one** option)

Only Fridays		Only Saturdays	
Either Fridays or Saturdays, as long as it's the same each time		Either Fridays or Saturdays, or a mixture of both	

Please indicate how many shifts a month you would like to cover:

Maximum once a month		Sometimes twice a month	
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Emergency Contact information

In the event of an emergency please contact:

Name		Tel/mobile	
Relationship to you			

Or if this person cannot be reached please contact:

Name		Tel/mobile	
Relationship to you			

Declaration

I hereby certify that all the information on this form is true and correct to the best of my knowledge and undertake to make every effort to be available at least one night per month and for Street Angels York training sessions:					
Signed		Name (please print)		Date	



Safeguarding Declaration form

Safeguarding declaration

You will need to understand the great responsibility involved in working with children, young people, and vulnerable adults and the need to ensure their safety. We require all our Street Angels to have a valid CRB check which we will help you obtain. In the meantime please fill out the safeguarding declaration form below.

As an organisation we undertake to meet the requirements of the Data Protection Act 1998, the Protection of Children Act 1999, the Criminal Justice and Court Services Act 2000 and all other relevant legislation. All applicants are required to fill out this form and return it with their Application form to:

Street Angels York, 16 Castle Side, Sheriff Hutton, York YO60 6RE

Or email to streetangelsyork@gmail.com (Signatures can be done on the training days)

Have you ever been charged with, cautioned or convicted in relation to any criminal offence, or are you at present the subject of a criminal investigation/pending prosecution? (delete as appropriate)	Y / N
If yes, please give details including the nature of the offence(s) and the date(s). Please give details of the court(s) where your conviction(s) were heard, the type of offence and the sentence(s) received. Please also give details of the reasons and circumstances that led to the offence(s). Please continue on a separate sheet if necessary.	

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To your knowledge, have you ever been the subject of a police investigation which didn't lead to a criminal conviction?	Y / N
If yes, please give details below, including the date of the investigation, the Police Force involved, details of the investigation and reason for this, and disposal(s) if known	
To your knowledge have you ever had any allegation made against you, which has been reported to, and investigated by, Social Services Department?	Y / N
If yes, please provide details. We will need to discuss this with you	
Have you ever been involved in court proceedings concerning a child or young person for whom you had parental responsibility?	Y / N
If yes, please provide details and dates.	

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Has there ever been any cause for concern regarding your conduct with children, young people or vulnerable adults? Please indicate any disciplinary action taken by an employer in relation to your behaviour with children, young people, or vulnerable adults.	Y / N
If yes, please provide details	

To help us ensure that we are complying with laws relating to the safeguarding of children, young people or vulnerable adults, please complete the following declaration.

I _____ (full name)
of (address) _____

confirm that the information given above is accurate and correct and I am not subject to any of the disqualifications set out in the Protection of Children Act 1999. I consent to a criminal records check if appointed to this position. I am aware that the details of pending prosecutions, previous convictions, cautions, or bindovers against me will be disclosed along with any other relevant information which may be known to the police, and Lists held in accordance with the Protection of Children Act 1999.

I agree to inform the person in the organisation responsible for processing applications for Criminal Records Bureau checks if I am convicted of an offence after I take up any post within the organisation. I understand that failure to do so may lead to the immediate suspension of my work with children, young people or vulnerable adults and/or the termination of my employment or voluntary role.

I agree to inform the person in the organisation responsible for processing applications for Criminal Records Bureau checks if I become the subject of a police and/or social services/social work department investigation. I understand that the failure to do so may lead to the immediate suspension of my work with children, young people or vulnerable adult and/or the termination of my employment or voluntary role.

Signed: _____ Dated: _____

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