



Valentine House
1079 Rochdale Road
Blackley
Manchester
M9 7FL

[T/F] 0161 702 1000
[E] mail@partnersofprisoners.co.uk
[W] www.partnersofprisoners.co.uk

Dear Applicant,

RE: Volunteering

Thank you for expressing an interest in becoming a POPS Volunteer. Please complete the application form (attached with this letter) and return it to the above address.

On receipt of your completed application you will be invited to an interview with the manager of the department that you have indicated. The date for this interview will be arranged at a time that suits you.

We look forward to receiving your application.

Kind regards.

Yours sincerely,

Human Resources Department





A COMPANY LIMITED BY GUARANTEE
REGISTERED CHARITY NO. 1048152 COMPANY NO. 3067385

VOLUNTEER APPLICATION FORM

PLEASE COMPLETE THIS FORM USING BLACK INK OR TYPE.

AREA OF INTEREST

Location: *(Please circle area(s) of interest)*

Head Office	HMP & YOI Forest Bank	HMYOI Hindley
HMP Liverpool	HMP Kirkham	HMP Buckley Hall
HMP Risley	HMP Garth & Wymott	

Area of volunteering: *(Please circle area(s) of interest)*

Reception (Visitor Centre)	Play Work (Visitor Centre)	Tea Bar (Visitor Centre)
Admin (Head Office)	Prisoners' Families Telephone Helpline (HQ)	

PERSONAL DETAILS

First Name: _____

Surname: _____

Address: _____

Telephone: _____(day) _____(eve)

ABOUT YOU

Where did you read/hear about our organisation?

--

The volunteering opportunities may also include weekends. Please indicate below which, during these times you would be available to work:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

Are you currently employed / doing voluntary work (please circle):

YES NO

If yes, please give details of work either paid or voluntary you have undertaken that you feel would support your application:

Dates From/to	Names and address of organisation	Brief outline of role/tasks undertaken

Do you have any connections with local community groups, clubs or associations?

YES NO

If yes, please give details below:

Dates From/to	Names and address of organisation	Brief outline of role/tasks undertaken

Are there any periods of study/education you wish to include?

YES NO

If yes, please give details:

Date and time	Course Title	Brief outline of course content

Please tell us in your own words **what type of volunteering** you wish to get involved in with our organisation:

Do you have the use of a car?

YES NO

If so, would you be prepared to use it in your voluntary work?

YES NO

Do you have a full drivers licence and current insurance policy?

YES NO

Does your policy cover you to use your vehicle in the course of your work?

YES NO

The work of Partners of Prisoners and Families Support Group is often of a highly sensitive and confidential nature. Do you agree to abide by our strict rules of confidentiality?

YES NO

REFERENCES

If you have worked in the past five years, at least one reference should be obtained from your last employer. If not, give the names of people who know you well.

Reference 1

Name: _____ Title: _____

Address: _____

Daytime Telephone Number: _____

In what capacity do you know this person? _____

Reference 2

Name: _____ Title: _____

Address: _____

Daytime Telephone Number: _____

In what capacity do you know this person? _____

DECLARATION

I understand that any offer of volunteering with Partners of Prisoners & Families Support Group is subject to satisfactory references, and binding in honour only. In accordance with the 1998 Data Protection Act, I agree that Partners of Prisoners & Families Support Group may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form can be stored on both manual or computer files. It will be held securely and only accessed by authorised personnel.

Signature _____ Date _____

PARTNERS OF PRISONERS AND FAMILIES SUPPORT GROUP

VOLUNTEER EQUAL OPPORTUNITIES MONITORING FORM

The information in this section will be treated in strictest confidence and has no reference to the short-listing process. The information contained herein is used for statistical purposes and to ensure that POPS does not discriminate against anyone wishing to volunteer with the organisation.

GENDER: FEMALE MALE

Are you registered disabled: YES NO

If YES, please give details

ETHNIC ORIGIN:

Ethnic origin refers to members of an ethnic group who share the same cultural identity. This does not mean country of birth or nationality.

Please tick one box only

Bangladeshi Indian

Pakistani Chinese

Vietnamese Black British

West Indian/Caribbean Somali

African Asian African other

White British Black other

White other

Other, please specify _____

This form will be detached from your completed application form upon receipt

PARTNERS OF PRISONERS AND FAMILIES SUPPORT GROUP

VOLUNTEER EQUAL OPPORTUNITIES POLICY

At Partners of Prisoners and Families Support Group we are committed to promoting equality of opportunities for all staff, volunteers and visitors using the service.

We believe that no individual or family should be excluded from using our services on the grounds of age, gender, race, nationality, family status, sexuality, disability, culture, religion or lifestyle. We aim to ensure that all those who wish to work in, or volunteer to help with our work have an equal chance to do so.

We will translate our policy into practice by:-

- Treating fairly all people who apply to be volunteers, and those appointed as volunteers.
- Ensuring no volunteer application is discriminated against on the grounds stated in the policy.
- Ensuring that all appointed volunteers are committed to implementing the organisation's equal opportunities policy.

Children and their families and other users of our services

We will put our policy into practice by:

- Accepting that Prisoners' Families face discrimination and poverty as a result of their family circumstances. POPS must ensure that services and activities offered are at no cost or minimal charge.
- Respecting the individuality of visitors to POPS Drop-In and valuing their culture, lifestyle and experiences through provision of equipment and materials that reflect their background and cultural identity, promote their gender in a positive way and encourage an appreciation of the rich diversity of our society.
- Recognise that many different types of families make up society and reflecting this in any publicity or promotional material produced.
- Providing any opportunities for individuals to participate actively in the development of POPS and to influence policy and practice.
- Supporting individuals, children and adults in finding a voice to express their feelings and concerns.

PARTNERS OF PRISONERS AND FAMILIES SUPPORT GROUP

CRIMINAL DECLARATION FORM

All applicants must answer all questions on this section of the form. Failure to do so will make your application invalid.

Name of applicant _____

As an essential part of volunteering involves working with prisoners and visiting HM Prison establishments, by virtue of the Rehabilitation of Offenders Act 1974, (Exceptions Order) 1975 as amended pursuant to Section 4(4) of Rehabilitation of Offenders Act 1974, applicants are therefore required to give details of ALL convictions for criminal offences including those which would otherwise be considered as 'spent'. Failure to give details of convictions could result in removal from the post.

1) Have you ever been convicted of a criminal offence in the past?
YES/NO

If YES, please give details _____

(Having a criminal conviction may not necessarily be an automatic disbarment from volunteering)

2) Are you currently the subject of criminal charges? _____

If so, please give details: _____

3) Do you agree with the above information being checked with the police?
YES/NO

4) Do you have a maiden name?
YES/NO

If YES, please state name(s) _____

5) How tall are you? _____

6) What colour of eyes do you have? _____

7) Do you have any significant marks, which you can be identified by?
YES/NO

If YES, please state _____

7) Have you been police checked in the last three years?
YES/NO

If YES, when? _____ and by whom _____

I declare that the information given above is correct.

Signed _____ **Date** _____