

**CROCUS SPECIAL NEEDS ASSOCIATION**  
**Volunteer Application Form**

Full name of applicant:

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Maiden name:

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Address:

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Home Telephone Number:

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Mobile Telephone Number:

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E-mail:

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Date of Birth:

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National insurance number:

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How long have you lived at your present address:

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If less than 2 years, please give previous address:

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Please give details of any experience of helping a person with disabilities/special needs:

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Please give your reasons for wanting to help with people with disabilities/special needs:

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Crocus Special Needs Association is a Christian based organisation. Are you sympathetic to our aims and values?

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Would you be interested in attending any appropriate training sessions?

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Have you had any treatment for illness within the past 2 years or are you on any medication which may affect your ability to help with people with disabilities/special needs? YES / NO

If yes, please give details.

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Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges? YES / NO

If yes, please state the nature and date(s) of the offence(s)

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Have you ever been held liable by a court for a civil wrong such as an order made against you by a matrimonial or Family court? YES / NO

If yes, please give details.

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NB. The disclosure of an offence may be no bar to your appointment.

*Because of the nature of the work for which you are applying, you are advised that under the provision of the Rehabilitation of Offenders NI Order 1978, as amended by the Rehabilitation of Offenders (Exceptions) (Amendment) Order NI 1987, you should declare all convictions, including spent convictions.*

Is there any reason why you cannot work with children or vulnerable adults?

YES / NO

If yes, please give details.

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SIGNATURE OF APPLICANT: \_\_\_\_\_

NAME PRINTED: \_\_\_\_\_

DATE: \_\_\_\_\_

Please give the name, address, telephone number and position of 2 people who you know well (not family members) who we can contact for references. If applicable please provide a referee from you work with disabled or special needs people.

**1<sup>st</sup> REFEREE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2<sup>nd</sup> REFEREE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**FOR OFFICE USE**

Date application received: \_\_\_\_\_

Interview by: \_\_\_\_\_  
*Name* *Position*  
\_\_\_\_\_  
*Name* *Position*

Date of interview: \_\_\_\_\_

Recommendation: Approved / Not approved / Deferred

Reason for recommendation:  
\_\_\_\_\_