

VOLUNTEER APPLICATION FORM

Date form received at FCN Office

SECTION 1 (to be completed by FCN interviewer)

Interviewer name **Date of Interview**

Name of potential volunteer (*caps pse*) **Title**

County Group applied for (*or if for Helpline, pse state this*)

Main occupation (*If retired, pse state previous occupation*)

.....

Why are you interested in volunteering for FCN?

.....

.....

.....

What skills do you think you can offer to FCN, e.g. *listening, casework, publicity, fundraising (NB: those who undertake face to face casework will require a DBS certificate in place.)*

.....

.....

.....

Have you worked as a volunteer for any other organisations? (*Give details*)

.....

.....

What experience do you have of farming and farming related issues?

.....

.....

.....

Are you a member of or involved with any relevant bodies? (*Eg NFU, WFU, RABI, WI*)

.....

Do you have any professional qualifications? (*Eg solicitor, land agent, agricultural consultant*)

.....

.....

Do you have any personal experience of the type of problems for which FCN exists?

.....
.....

Are you currently a member of a church?

If not, are you in sympathy with FCN's Christian ethos? Please note that FCN volunteers do not proselytise and that we serve people of all faiths and none.

.....
.....

Many FCN meetings begin and end with prayer. Are you comfortable with this?

.....

Is there anything else you would like to add?

.....
.....

I approve this application and recommend this person to FCN as a volunteer (pse tick)

Case worker (DBS check required)

Helpline Volunteer

*Fundraising/Publicity/PR/Administrative worker/
Other (pse state what)*

.....

Signature of Coordinator (or FCN Interviewer.)

Date.....

SECTION 2 (to be completed by Applicant)

Full name (*Revd/Dr/Mr/Mrs/Miss/Ms*)

Address

.....

.....

Post Code

Telephone Number

Mobile telephone number

Email address

FCN will keep you updated via your private email address and the intranet. If you do not have email, communications will be posted to you.

Date of Birth:

What are the best times of the day / week to contact you?.....

.....

Do you have access to appropriate transport to do the work:.....

(Mileage expenses are available)

REFEREES: Please provide the name, address and telephone number of two referees (ideally one should be a minister or church leader)

Capitals pse

REFERENCE 1

Title _____ Name _____

Address _____

Postcode _____ Tel _____

Capitals pse

REFERENCE 2

Title _____ Name _____

Address _____

Postcode _____ Tel _____

APPLICANTS

Please read the following before you sign the volunteer application form

FCN complies with data protection policy and your details will be held on computer and will not be shared with any other party unless required to do so by law. Your name and telephone contact details will be made available only to others within FCN, as part of the FCN Volunteer Contact List.

This post meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974. **Any applicants for this post who are offered employment or who become volunteers for this organisation will be subject to a criminal record check from the Disclosure and Barring Service before the appointment is confirmed.** This will include details of cautions, reprimands or final warnings as well as convictions. A criminal record will not automatically bar a person from successfully taking up this post.

Signature of potential Volunteer

Date

SECTION 3 (to be completed by FCN Chief Executive)

NOTES:

Signed Date

Charles W Smith, Chief Executive

(February 2015)