



**COLNEY HEATH PARISH COUNCIL**

Highfield Park Office  
Highfield Park Visitor Centre  
Hill End Lane  
St Albans AL4 0RA

Village Office  
83 High Street  
Colney Heath  
Hertfordshire AL4 0NS  
Tel: 01727 825314 Email: [clerk@colneyheathparishcouncil.gov.uk](mailto:clerk@colneyheathparishcouncil.gov.uk)

**VOLUNTEER APPLICATION FORM**

The completed form should be e-mailed to [clerk@colneyheathparishcouncil.gov.uk](mailto:clerk@colneyheathparishcouncil.gov.uk) or returned to the Colney Heath Parish Council, Highfield Park Office, Hill End Lane, St Albans, AL4 0RA.

Application for the post of: ..... Ref No:.....

Details of Project/Working Party: .....

**PERSONAL DETAILS**

First Name(s):..... Surname:.....  
Address:..... Home Tel. No:.....  
..... Daytime Tel. No:.....  
..... Mobile Tel. No:.....  
..... Email Address:.....

**EMERGENCY/NEXT OF KIN CONTACT DETAILS**

First Name(s):..... Surname:.....  
Relation to you:.....  
Address:..... Home Tel. No:.....  
..... Daytime Tel. No:.....  
..... Mobile Tel. No:.....

Please tick your current employment status:  
Employed  Self-employed  Retired  Unemployed  Student  Unable to work



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Please list any areas of interest you have that may help us match you with future volunteering opportunities.

Please indicate which days and times you are available to volunteer.

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give brief details of any previous voluntary or work experience.

Please give details of any other experience which you feel is relevant to the sort of voluntary opportunities you are looking at.



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Please tell us briefly why you would like to volunteer:

### DRIVING

Do you hold a current driving licence? Yes  No

If yes do you have your own transport that you can use whilst volunteering? Yes  No   
Please note petrol expenses will be reimbursed if own transport is used whilst volunteering.

### ONLINE REGISTRATION WITH THE DISCLOSURE & BARRING SERVICE (DBS)

1. Are you registered with the DBS online update service? Yes  No

2. If yes, please indicate your consent for Colney Heath Parish Council to check your clearance online prior and during your employment? Yes  No

### CRIMINAL CONVICTIONS

Do you have any unspent convictions, cautions, reprimands or warnings? Yes  No

If yes please give full details.



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### EQUAL OPPORTUNITY MONITORING

Colney Heath Parish Council is committed to equal opportunities. In order for us to monitor the effectiveness of our equality policy it would be helpful if you could provide the following information. This information is kept strictly confidential.

Date of Birth: ..... Age: .....

Gender: .....

Ethnic Origin

#### A. White

British

Irish

Other (please state).....

#### D. Black or Black British

Caribbean

African

Other (please state) .....

#### B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Other (please state).....

#### E. Chinese or other ethnic group

Chinese

Other (please state) .....

#### C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Sikh

Other (please state).....

#### F. I do not wish to provide this this information

### DISABILITY DISCRIMINATION ACT 1995 AND 2005

The council wishes to encourage disabled people to apply for volunteer opportunities – all information will be treated in confidence.

Do you have a disability as outlined in the Disability Discrimination Act 1995 and 2005? Yes  No

If yes, please state the type of disability you have:

In relation to any disability, do you have any particular requirements Yes  No

If yes, please give details :



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<b>REFERENCES</b>	
<b>All candidates –</b> Please give details of two referees whom we may ask about your suitability for the volunteership. Referees must not be related to you:	
<b>Reference 1:</b>	<b>Reference 2:</b>
Name of referee:	Name of referee:
Address:	Address:
Tel. No:	Tel. No:
E-Mail:	E-Mail:
Capacity in which known to you:	Capacity in which known to you:

**DECLARATION**

I certify that the information provided is true and accurate and in particular that I have not omitted any facts which may have a bearing on my application. I understand that any subsequent voluntary agreement with the Council will be made on the basis of the information I have provided. I understand that a false declaration which results in my appointment as a volunteer with the Council will render me liable to termination of my volunteering. I give explicit consent that the information which I give on this form may be processed in accordance with the Council's registration under the Data Protection Act 1998. I have not canvassed either directly or indirectly any officer or member of Colney Heath Parish Council in connection with this volunteer placement.

I agree to Colney Heath Parish Council carrying out recruitment screening relevant to my volunteer application.

Please sign below to agree to the statement

Signature: ..... Date: .....(dd/mm/yyyy)