

# Anti Human Trafficking and Modern Slavery

## Volunteer Application Form



### ELIGIBILITY

Do you have the right to work in the UK?

Do you have a Driving Licence for at least 36 months?

Do you have 6 points or less on your Driving Licence?

If you are able to answer yes to all the above, please complete the rest of this form. If you are unable to answer yes to all the above please call the office and we can look at other volunteer options. We will need two references and a DBS check (we will do one for you).

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### VOLUNTEER APPLICATION FORM

Full Name

Address

City

Post Code

Phone Number

Mobile Number

E-mail Address

Gender

Male

Female

Church that you attend

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### VOLUNTEER ROLE

The main purpose of the role is to drive or/and act as an escort to a driver taking victims of trafficking to different refuge points.

Driver

Chaperone

## RIGHT TO WORK IN THE UK

Do you have eligibility to work in the UK?  Yes  No

## CRIMINAL CONVICTIONS

Have you ever been convicted of a criminal offence - which is not a spent conviction within the terms of the Rehabilitation of Offenders Act (1974)?  Yes  No

If you already have a current DBS could you give us the number and date of issue.

## AVAILABILITY

Please tick the days and times you are most likely to be available. If you have any extra comments please write below. Please confirm the times between which you are contactable in the comments box below.

<input type="checkbox"/> Monday	<input type="checkbox"/> 00:00-06:00	<input type="checkbox"/> 06:00 – 12:00	<input type="checkbox"/> 12:00-18:00	<input type="checkbox"/> 18:00-23:59
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 00:00-06:00	<input type="checkbox"/> 06:00 – 12:00	<input type="checkbox"/> 12:00-18:00	<input type="checkbox"/> 18:00-23:59
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 00:00-06:00	<input type="checkbox"/> 06:00 – 12:00	<input type="checkbox"/> 12:00-18:00	<input type="checkbox"/> 18:00-23:59
<input type="checkbox"/> Thursday	<input type="checkbox"/> 00:00-06:00	<input type="checkbox"/> 06:00 – 12:00	<input type="checkbox"/> 12:00-18:00	<input type="checkbox"/> 18:00-23:59
<input type="checkbox"/> Friday	<input type="checkbox"/> 00:00-06:00	<input type="checkbox"/> 06:00 – 12:00	<input type="checkbox"/> 12:00-18:00	<input type="checkbox"/> 18:00-23:59
<input type="checkbox"/> Saturday	<input type="checkbox"/> 00:00-06:00	<input type="checkbox"/> 06:00 – 12:00	<input type="checkbox"/> 12:00-18:00	<input type="checkbox"/> 18:00-23:59
<input type="checkbox"/> Sunday	<input type="checkbox"/> 00:00-06:00	<input type="checkbox"/> 06:00 – 12:00	<input type="checkbox"/> 12:00-18:00	<input type="checkbox"/> 18:00-23:59
<input type="checkbox"/> Comments				

## REFERENCES

We require two character references who have known you for at least a year. Could you please give us the names and address in the space below.

### Reference 1

**Full Name**

**Address**

**City**

**Post Code**

**Phone Number**

**E-mail Address**

**Relation**

### Reference 2

**Full Name**

**Address**

**City**

**Post Code**

**Phone Number**

**E-mail Address**

**Relation**

## DRIVING REQUIRES

**Driving Licence Number**

**Name of Insurance**

**Insurance Policy Number**

**Type of Insurance Cover**

**Date of renewal**

**Make and model of car**

**Registration number of car**

**MOT date if required**

**Do you have any  
medical conditions that  
effect your  
driving?**

**Yes**

**No**

**Do you have a preferred  
chaperone?**

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## DATA PROTECTION

The Salvation Army will use your information for administration, providing services and carrying out statistical research. In carrying out these purposes we may have to contact you by mail, telephone or email. We will disclose your information to service providers for these purposes, e.g. Disclosure and Barring Service. By signing this form, you consent to our processing your sensitive personal data for the above purposes. You have a right to ask for a copy of your information and correct any inaccuracies.

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**Please sign, date and return your completed application by email**

I hereby declare that all the information I have given is correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**The Salvation Army**  
**101 Newington Causeway, London, SE1 6BN**