



THE FAIR SHARES CAFÉ  
Emmanuel United Reformed Church  
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**APPLICATION FORM FOR VOLUNTEER WORK IN  
THE FAIR SHARES CAFE**

*a partnership between Emmanuel URC and Eddie's (formerly Cambridgeshire Mencap)*

**Personal Details**

Surname \_\_\_\_\_ First names \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Tel No (day) \_\_\_\_\_ Tel no (eve) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Date of birth \_\_\_\_\_

**Skills, abilities, knowledge, experience**

Why do you want to become a volunteer in the Fair Shares Café?

What relative abilities, knowledge and experience do you have (Include any experience of working with people with disabilities and working in a catering environment).

Outline briefly your job/work history (include current/latest employment and any voluntary work undertaken)

**Medical/Health situation**

Do you have any medical /health problems that may affect your work or that we should be aware of?

**References**

Please give the name, address and contact number of two people who can provide an assessment of your suitability for the work.

**First reference**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

Email address \_\_\_\_\_

Connection with you \_\_\_\_\_

**Second reference**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

Email address \_\_\_\_\_

Connection with you \_\_\_\_\_

**Disclosure of Criminal Convictions**

Under the rehabilitation of Offenders Act 1974 ex offenders have to disclose their criminal convictions when applying for certain posts.

Do you have any criminal convictions or bind overs YES NO

If you have, please enclose details with your application form.

Is there any other information you should declare that might affect your suitability for working with young people and adults with learning disabilities YES NO

(e.g. Allegations which have been the subject of investigation; any current criminal investigations) If you have answered yes, please enclose details with your application form.

**Disclosure**

Do you agree to undergo the relevant vetting process, including 'Enhanced Disclosure' through the Disclosure and Barring Service (formerly CRB) that is in place to establish your identity and your suitability for work with young people and vulnerable adults?

YES NO

**Declaration**

I declare that the information in this application is true and complete. I agree to references being taken up. If I am successful in obtaining this post and the information is later discovered to be incorrect I understand that the appointment can be cancelled.

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