FRIENDS OF PETERBOROUGH PRISON

Supporting prisoners, their families and friends

Volunteer Application Form

Thank you for your interest in volunteering with FOPP. This form is designed to help us understand your skills, experience, and interests to match you with the most suitable volunteer opportunities at HMP Peterborough. Please complete the form as fully as possible.

Please state which volunteer role you are interested in: _____

Personal Information

1. **Full Name:** _____
2. **Date of Birth:** _____
3. **Address:** _____
4. **Post Code:** _____
5. **Telephone Number:** _____
6. **Mobile Number:** _____
7. **Email Address:** _____
8. **Emergency Contact:**

   Name: _____

   Relationship: _____

   Contact Number: _____
9. **Have you done any volunteering before?**

   ☐ Yes

   ☐ No

   If yes, please provide details: _____

Friends of Peterborough Prison Ltd
HMP Peterborough
Saville Road
Westwood
Peterborough
PE3 7PD

Company registered in England no. 6935515

Website: foppweb.co.uk

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10. How did you first hear about us? _____

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11. Have you ever worked in, or been to a prison before?

☐ Yes
☐ No
If yes, please provide details: _____

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12. Are you currently working?

☐ Full-time
☐ Part-time
☐ Not working

Please state your availability for volunteering below
While some roles may have set times due to the prison environment, we will do our best to accommodate your availability wherever possible. _____

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13. Are there any special requirements or medical conditions we should be aware of to accommodate your volunteering (e.g., allergies, mobility needs, etc.)? _____

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14. Do you know anyone currently detained in HMP Peterborough?

☐ Yes
☐ No
If yes, what is their relationship to you (e.g., friend, relative, coworker, etc.) _____

<u>Security and Vetting</u>

15. As part of the onboarding process, are you willing to undergo security checks and wait for the vetting process required to volunteer in a prison setting?

☐ Yes
☐ No

<u>References</u>

16. Please provide the details of two individuals who have known you for more than 12 months and are willing to provide character references. These individuals should not be family members.

Reference 1:

Name _____

Relationship to you _____

Address _____

Address _____

Address _____

Postcode _____

Tel. No _____

Email _____

Reference 2:

Name _____

Relationship to you _____

Address _____

Address _____

Address _____

Postcode _____

Tel. No _____

Email _____

FOPP is an equal opportunities organisation. The data collected in this form will only be used for the work of FOPP and will not be disclosed to any external source without your written consent.

Please note you will be required to sign a confidentiality agreement upon completion of your enrolment.

Signed:

Date: _____