



Volunteer Application Form

Personal Details

Full Name:

Address:

Post Code:

Date of Birth:

Home Number:

Mobile Number:

Email Address:

**Emergency Contact:
(Name & Number)**

Volunteer Role

Reception Volunteer Events Volunteer

Role(s) Interested In: Co-trainer Volunteer Friendship Friday Volunteer

Other

Hours/Days Available:

Experience

Do you have any interests or qualifications that are relevant to the volunteer role?

What experience do you have of disability?

Tell us about your access needs and how you manage them

What experience or skills can you bring to the role(s) you are applying for?
Please check the requirements of the role

References

Please let us have the names and contact details of two people you have known you for at least 2 years, who are willing to give you a letter of reference and who are not related to you.

Name:

Address:

Post Code:

Email:

Telephone:

Name:

Address:

Post Code:

Email:

Telephone:

CONFIDENTIAL

Applicant Monitoring Questionnaire

Please complete this form in order to help us monitor Equal Opportunities in Volunteering. This form will be kept separate from your application form, and has no part in the selection process. If you decide not to complete the monitoring questions, please ensure you complete this section.

Surname: _____

Forename(s): _____

Post Applied For: Volunteer: _____

Equal Opportunities Monitoring Form

Please tick or circle the following. You are not obliged to fill this in but it helps us to ensure that we are reaching all communities.

Ethnic Origin

How would you describe yourself?

<input type="checkbox"/> White British	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> White other European	<input type="checkbox"/> Asian Pakistani
<input type="checkbox"/> Irish	<input type="checkbox"/> Asian Bangladeshi
<input type="checkbox"/> Black British	<input type="checkbox"/> Chinese
<input type="checkbox"/> African Caribbean	<input type="checkbox"/> Polish
<input type="checkbox"/> African	<input type="checkbox"/> Other

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
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Sexuality

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Asexual	<input type="checkbox"/> Transgender
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other	