# Volunteer Application Form

Personal information

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| --- |
| Contact information |
| **Title** |  |
| **First name** |  |
| **Surname** |  |
| **Address** | . |
| **Post code** |  |
| **Home telephone** |  |
| **Mobile telephone** |  |
| **E-mail address** |  |
| **Date of birth** |  |

**Please tell us what you doing at the present:**

|  |  |
| --- | --- |
| **Present activity** | **Where this is undertaken:** |
| Education (Full time/ part-time) |  |
| Work(Full time/ part-time) |  |
| Voluntary work |  |
| Unemployed  |  |
| Other  |  |

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| **If you are currently working please describe the type of work that you are doing:** |
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| --- |
| **If you have had previous employment please describe the job titles and the roles you have held:** |
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| --- |
| **Please describe any skills or experience you may have which may be useful for the volunteering opportunity:**  |
|  |

**Please indicate below what times you will usually be available.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day (s)** | **AM** | **PM** | **Day (s)** | **AM** | **PM** |
| **Monday** |  |  | **Friday** |  |  |
| **Tuesday** |  |  | **Saturday** |  |  |
| **Wednesday** |  |  | **Sunday** |  |  |
| **Thursday** |  |  |  |  |  |

|  |
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| **DISABILITY DISCRIMINATION ACT 1995**  |
| **Under the terms of the act a disability is defined as a ‘physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities’. Do you consider yourself to have a disability**? **YES/NO**  |
| **If ‘Yes’ please give details:**  |
| **Please describe any measures or reasonable adjustments which you feel should be made to assist you in your application for this volunteer vacancy:**  |
|  |

**References:**

Please provide the name and address of two references. At least **one of these references must be a professional person who has known you for more than three years**. (They must not be friends or members of your family).

|  |  |
| --- | --- |
| **First referee** | **Second referee** |
| Name:……………………………………………… | Name:……………………………………………… |
| Address:……………………………………………………………………………………………… | Address:……………………………………………………………………………………………… |
| Occupation: | Occupation: |
| Telephone:………………………………………………Mobile:………………………………………………Email address:……………………………………………… | Telephone:………………………………………………Mobile:………………………………………………Email address:…………………………………………... |
| Relationship  | Relationship |
| Has this person known you for more than 3 years **YES/NO**  | Has this person known you for more than 3 years **YES/NO** |

Do we have permission to contact the above referees and ask for references?

**YES/NO**

**Rehabilitation of Offenders Declaration**

Due to the nature of the volunteering activity for which you are applying, the Rehabilitation of Offenders Act does not apply. The Trust has the right to obtain all relevant information including details of criminal convictions. You are not entitled to withhold information about convictions, cautions or bind-over orders no matter how long and how far back they date. Failure to disclose would result in the termination of voluntary placement. Your answer will be treated in the strictest of confidence. Having a criminal record does not necessarily prevent you from doing voluntary work

|  |  |
| --- | --- |
| Have you been convicted of a criminal offence?  | Yes/No |
| If YES, please give details: |

**Our policy**

It is the policy of this organisation to provide equal opportunities without regard to race, colour, religion, nationality, gender, sexual orientation, age, or disability. Please also complete the attached diversity monitoring form.

**Volunteer database**

We hold a database of volunteers where we record the information you have supplied from this application. This is exempt from registration under the Data Protection Act, provided you do not object to these records being kept. Please review our Privacy Policy which can be found on our website.

|  |  |
| --- | --- |
|  Do you agree to these records being kept? | Yes/No |
| Person to notify in case of emergency |
| **Name:** |  |
| **Address:** |  |
| **Post code:** |  |
| **Home phone:** |  |
| **Work phone:** |  |
| **Relationship to you:** |  |

## Your statement

|  |  |
| --- | --- |
| I understand that a placement if offered is subject to an enhanced DBS check.I understand that in the event of any of this information being incorrect it may result in the termination of my voluntary placement. **Applicants** **Signature**……………………………………………….Date…………………………………………. |  |

**Any other relevant information to be included within your application:**

|  |
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|  |

Please return completed forms by email to: enquiries@sjmt.org.uk

Or post to:

Head of Central Services

Sir Josiah Mason Trust

Mason Court

Hillborough Road

Solihull

West Midlands

B27 6PF

**Volunteering Monitoring Form**

Gender

Do you currently live in the gender you were assigned at birth? Yes No

**Ethnicity**

**Please tick as appropriate to identify your ethnic group:**

White: British

Other White Background

Mixed: White & Black Caribbean

White & Asian Other Mixed Background

 Irish

 White and Black African

Asian / Asian British: Indian Pakistani

Bangladeshi Other Asian Background

Black / Black British: African Caribbean

Other Black Background

Other Ethnic Groups: Chinese Other Ethnic Group

Not Stated: Not Declared

**To ensure that we reflect the communities that we serve, please consider completing the following:**

**Religion**

**Sexual Orientation**

Lesbian Bisexual

Gay Heterosexual

Other