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**Elders Voice**

**Volunteer Application Form**

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| **Candidate details** | |
| **First name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Phone number:** |  |
| **Email address:** |  |
| **Date of birth:** |  |
| **Contact in case of emergency** | |
| **Name:** |  |
| **Phone number:** |  |
| **Availability** | |
| **Please select the days you are available for volunteering:**  **Monday  Tuesday  Wednesday  Thursday  Friday**  **Please select the amount of hours you can spare each week:**  **Up to 4 hours  4 – 8 hours  More than 8 hours**  **Please select the volunteer post you are interested in:**  **Wellbeing Centre Volunteer  Activities Volunteer**  **Handyperson Volunteer  Admin Volunteer**  **Volunteer Gardener  Volunteer Trustee**  **How did you hear about Elders Voice?** | |
| **Why do you want to volunteer for Elders Voice?** | |
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| **What skills and experience can you bring to Elders Voice?** | | | |
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| **Criminal Record Disclosure** | | | |
| **To protect our clients and for insurance reasons we have to ask all volunteers whether they have a criminal record. This does not mean having a criminal record will necessarily exclude you from volunteering for Elders Voice.**  **Do you have a criminal record?**  **Yes  No**  **If yes, please give details:** | | | |
| **Please give the names and addresses of two referees** | | | |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
| **Relationship** |  | **Relationship** |  |
| **Phone no.** |  | **Phone no.** |  |
| **Email** |  | **Email** |  |

**I confirm that to the best of my knowledge the information given on this form is true and correct.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Equal Opportunities Monitoring Form** |
| **To help make sure that we are attracting volunteers from all areas of the community we would be grateful if you would complete this monitoring form. All the information provided will be treated confidentially and be kept separate from your application form. If you do not wish to complete the form you are under no obligation to do so.**  **Are you registered disabled? Yes  No**  **What best describes your gender? Male  Female  Prefer not to say  Prefer to self-describe  :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Do you identify as trans? Yes  No  Prefer not to say**  **Age: 18-25  26-30  31-40  41-50  51-60**  **61-70  71-80  80+**  **Which best describes your ethnic origin?**  **White**  **British  Irish  Other  :­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Black or Black British**  **Caribbean  African  Other  :­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Asian or Asian British**  **Indian  Pakistani  Bangladeshi  Other  :­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­  **Mixed**  **White & Black Caribbean  White & Black African  White & Black Asian  Other  : ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­  **Chinese or Chinese British**  **Chinese  Chinese British  Other  :­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­  **Religion**  **Christian  Buddhist  Hindu  Jewish  Muslim  Sikh  Other religion/belief  No religion  Prefer not to say**  **Sexual Orientation**  **Heterosexual/Straight  Gay Man  Gay Woman/Lesbian  Bisexual  Prefer not to say  Prefer to self-subscribe  :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |