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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** [ ]  **:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |