**Volunteer Application Form**

**Please complete all parts of this application form in BLOCK CAPITALS**

1. **Vacancy Details**

|  |  |
| --- | --- |
| **Role Applied for:** | **Date:** |

**Please note:** if offered a volunteering opportunity, you will need to provide relevant documentation, i.e. a passport and / or driving licence. This will enable any relevant checks to be completed such as the Disclosure & Barring Service (DBS) process and / or Asylum and Immigration checks. (Where applicable)

Those volunteering in a professional capacity, e.g. counselling, are required to provide evidence of qualifications, memberships and relevant insurance documents.

1. **Personal Details**

|  |  |  |
| --- | --- | --- |
| Mr/Mrs/Ms/Miss | Name |  |
| Address: | | Home Tel: |
| Mobile Tel: |
| Email: |
| Postcode: | | Date of Birth: |

1. **Background**

|  |  |
| --- | --- |
| Are you currently: employed / unemployed / retired / student / at home / full time carer | |
| Work experience including any voluntary work –experience, knowledge and skills you have that may support the role you have applied for (please use the job description as a guide) | |
| Interests and hobbies | |
| In the past 6 months have you accessed any support, groups, training or activities with Carer Support Wiltshire? | Yes / No |

1. **Information in support of your application**

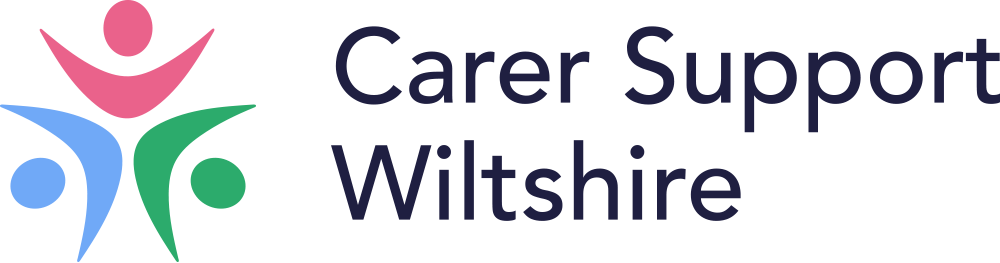
|  |  |  |
| --- | --- | --- |
| How did you hear about being a volunteer at Carers Support Wiltshire? | CSW Website | CSW Staff member |
| Social Media | Friend |
| Employer | Other |
|  |  |
| Why are you applying to be a volunteer with Carers Support Wiltshire? | | |

1. **References:**

|  |  |  |
| --- | --- | --- |
| Please supply details of two referees you have known for at least two years.  These should not include relatives or members of your household and both must be at least 18 years of age.  If possible, one of these referees should be someone who has known you through employment, education or volunteering | | |
| Name: | Name: | |
| Address: | Address: | |
| Postcode: | Postcode: | |
| Email: | Email: | |
| Contact Number: | Contact Number: | |
| Relationship: | Relationship: | |
| **Rehabilitation of Offenders Act (Exceptions) Order 1975 (the “Exceptions Order”)**  Work as a volunteer for Carer Support Wiltshire is covered by the exemption order of 1975 relating to section 4(2) and section 4(3b) of the Rehabilitation of Offenders Act 1974. Applicants and their referees are therefore not entitled to withhold information.  Do you have any such convictions (spent or otherwise) to disclose? Yes / No  If yes please attach details, which will be treated in complete confidence and considered only in relation to the volunteering opportunities to which the Order applies  The information you give us will be held in strict confidence. Please note having a criminal record will not necessarily bar you from volunteering with Carer Support Wiltshire. This will depend on the nature of the position and the circumstances and background of your offence(s)  **GDPR and Data Protection**  Please note that under the terms of the GDPR 2018 Carer Support Wiltshire has to inform you that the information you have provided here, including the Equal Opportunities Monitoring Form, and other information you may provide us with in the future will be processed by Carer Support Wiltshire and it will be used to:   * manage the volunteer resources of the charity * collate statistical data   It will not be disclosed to any other organisation without your approval | | |
| Signature: | | Date: |
| **Please return your completed form to:**  Volunteer Manager – Independent Living Centre , St Georges Road, Semington, Trowbridge, Wiltshire, BA14 6JQ or Email: volunteer@carersupportwiltshire.co.uk | | |

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**Please can you now complete the Volunteer Diversity Monitoring Information below**



**Volunteer Diversity Monitoring Information**

Our Diversity Monitoring Form enables us to monitor the effectiveness of our approach to equality and diversity and therefore ensure that we deliver the best possible service outcomes.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What gender are you?** | | | | | | | | |
| □ Male | | | | | □ Female | | | |
| **Age Range** | | | | | | | | |
| 18 - 24 | 25 – 34 | | 35 – 44 | 45 – 54 | | 55 – 64 | 65 + |  |
| **How would you describe your faith / belief / religion?** | | | | | | | | |
| □ No religion  □ Christian (inc.CofE, Catholic, Protestant and all other Christian denominations)  □ Buddhist  □ Hindu | | | | | □ Jewish  □ Muslim  □ Sikh  □ Do not wish to answer  □ Other (write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **What is your sexual orientation? (*Categories suggested by Stonewall*)** | | | | | | | | |
| □ Bisexual | | | | | □ Lesbian / gay woman | | | |
| □ Gay man | | | | | □ Do not wish to answer | | | |
| □ Heterosexual / straight | | | | | □ Other (write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **How do you describe your ethnic origin? (Categories from the Office of National Statistics)**  Choose **one** section from A to F, then tick **one** box to best describe your ethnic group or background | | | | | | | | |
| **A White** | | | | | **B Mixed / multiple ethnic groups** | | | |
| □ English / Welsh / Scottish / Northern  Irish / British  □ Irish  □ Gypsy or Irish Traveller  □ Any other white background (write in)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | □ White and Black Caribbean  □ White and Black African  □ White and Asian  □ Any other Mixed / multiple ethnic  background (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **C Asian / Asian British** | | | | | **D Black/ African / Caribbean / Black British** | | | |
| □ Indian  □ Pakistani  □ Bangladeshi  □ Chinese  □ Any other Asian background (write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | □ African  □ Caribbean  □ Any other Black / African / Caribbean  background (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **E Other ethnic group** | | | | | **F Undisclosed** | | | |
| □ Arab  □ Any other ethnic group (write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | □ Do not wish to answer | | | |
| **Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?** **You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.** | | | | | | | | |
| □ Yes | | □ No | | | □ Do not wish to answer | | | |

**Please note:**

Information that you provide will be used solely to help us monitor our performance. In accordance with the GDPR and Data Protection, all information will be treated in the strictest confidence. The information will not be kept on your personal file.

Thank you