

Volunteer Application Form



Please email completed form back to info@helpcharity.org.uk

Office Use Only Client No:

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Personal details

Full name	<input type="text"/>				
Address (including Postcode)	<input type="text"/>				
Telephone (Including STD Code)	<input type="text"/>	Contact name (For use in emergency only)	<input type="text"/>		
Mobile	<input type="text"/>	Contact telephone (Including STD code)	<input type="text"/>		
Email	<input type="text"/>	Contact mobile	<input type="text"/>		

Application information

Position applied for (If specified)	<input type="text"/>						
Your availability (Please 'X' as appropriate)	Mon am pm	Tues am pm	Weds am pm	Thurs am pm	Fri am pm	Sat am pm	Varies
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Experience, learning and skills	<input type="text"/>						
Information to support your application							
What languages do you speak or understand							

Please continue on a separate sheet if you wish

Rehabilitation of Offenders Act 1974: Do you have any unspent convictions?

If yes, please specify

Please note that a conviction will not necessarily exclude you from volunteering with us, but will be considered when assessing your suitability.

yes no

References

If you have worked either in voluntary or paid work in the past year, one reference should be obtained from your last employer or give the names of people who know you well.

Referee

Name

Address

Tel./Mob

In what capacity do you know referee one?

Equal Opportunities Information

The information in this section is used only for the purposes of ensuring the effectiveness of our Equal Opportunities Policy, which is available on request.

Gender M F Other Age group <20 21-30 31-50 51-60 61-70 71+

How would you describe yourself?

These categories of ethnic origin are recommended by the Commission for Racial Equality as the most appropriate for monitoring the UK. We recognise that the specific categories may not be appropriate for everyone. If this is the case please use the last box

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Any other Asian background

(Please specify)

Black or Black British:

Black Caribbean

Black African

Any other Black background

(Please specify)

Mixed:

White:

White British

White Irish

Any other white background

(Please specify)

Other ethnic group:

Any other Ethnic background

(please specify)

Do you consider yourself to have a disability/impairment?

Yes No

If yes, please specify

If yes, do you have any particular needs in relation your disability/impairment?

Yes No

Please discuss these with the Manager.

Declaration

I understand that any offer of volunteering with H.E.L.P is subject to satisfactory references, and binding in honour only.

In accordance with the 1998 Data Protection Act, I agree that H.E.L.P may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form can be stored on both manual or computer files. It will be held securely and only accessed by authorised personnel.

Signature

Date