**Volunteer Application Form**

(Please complete in capital letters)

|  |  |
| --- | --- |
| **Contact Details** | |
| Full Name |  |
| Address |  |
| Postcode |  |
| Home phone |  |
| Mobile |  |
| Email |  |
| **In an emergency who would you like us to contact?** | |
| Name |  |
| Relationship |  |
| Contact number |  |
| **Which role are you applying for?** | |
| **Why are you interested in volunteering with us?** | |
|  | |
| **Please tell us about your skills and experience that you think show how they fit the role description.** Please note, that we do not require formal qualifications or experience but would like to get an understanding of previous things that you have done that may assist you to do this role | |
|  | |
| **Is there anything that we need to know about your health?** *This can help us to identify if there are ways that we can meet any needs that you may have* | |
|  | |
| **Where did you hear about us?** | |
| **References** *Please provide details of two people who would be happy to provide references for you and can comment on your experience and suitability to volunteer. Ideally at least one of these should be somebody that you have worked or volunteered for. We cannot accept references from relatives.* | |
| 1 Name |  |
| Email |  |
| Phone number |  |
| Relationship |  |
| 2 Name |  |
| Email |  |
| Phone number |  |
| Relationship |  |
| **Please let us know about criminal convictions** *Because of the nature of the role which you are applying for**this post is exempt from the Rehabilitation of Offenders Act 1974 and all criminal convictions which would otherwise be considered as spent must be disclosed. This means you are not entitled to withhold any conviction no matter how old it is. Failure to disclose convictions could result in the termination of your volunteer placement. Criminal convictions do not automatically prevent you from volunteering with us* | |
|  | |
| **Declaration** *I confirm that the information given on this form is correct and that any false statements may lead to refusal or termination of my volunteer role. I understand that all information provided will be stored securely, in accordance to the Data Protection Act and GDPR guidelines and accessed only by authorised supervisors or managers.* | |
| Signed |  |
| Date |  |

**Equal opportunities**

BVSC is committed to ensuring that all volunteers are treated fairly and to equal opportunities in our recruitment process. In order to find out how well we are doing with this we need to collect monitoring data. This information **will not** be taken into account in selection. The information supplied on this form will be treated as strictly confidential.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **My gender is:** | Male | | | Female | | | Transgender | Prefer not  to say |
| **My employment status is:** | Employed | | Unemployed | | Retired | | Self  employed | Prefer not  to say |
| **My age group is:** | 16-24 | | 25-34 | | 35-44 | | 45-54 | 55-64 |
| 65-74 | | 75-84 | | 85+ | |  | Prefer not  to say |
| **My ethnicity is:** | Asian/Asian British – Indian | | | | | Mixed – White and Black African | | |
| Asian/Asian British - Pakistani | | | | | Mixed – White and Black Caribbean | | |
| Asian/Asian British - Bangladeshi | | | | | Mixed – White and Asian | | |
| Asian/Asian British - Chinese | | | | | Mixed – White other | | |
| Asian/Asian British - Any other | | | | | Mixed – Any other | | |
| Black/Black British – African | | | | | White – British | | |
| Black/Black British – Caribbean | | | | | White – Irish | | |
| Black/Black British – Any other | | | | | White – Any other | | |
| Any other – Arab | | | | | Any other | | |
| Prefer not to say | | | | |  | | |
| **I describe myself as:** | | Heterosexual/Straight | | | | | Gay or Lesbian | |
| Bisexual | | | | | Other sexual orientation | |
| Unsure | | | | | Prefer not to say | |
| **Do you consider yourself to have a long-standing disability?** | | | | | | | Yes/No | |
| If you answered yes to the above question, how would you describe your disability? | | | | | | | | |
| Hearing | | Speech | | | | | Vision | |
| Mental health | | Learning | | | | | Mobility | |
| Physical | | Other | | | | |  | |

*Please email completed forms to* [*bexleyvc@bvsc.co.uk*](mailto:bexleyvc@bvsc.co.uk) *or post to Crayford Manor House, Mayplace Road East, Crayford, DA1 4HB. Thank you.*