Volunteer Application Form

1. Personal Details

|  |  |
| --- | --- |
| First Name:  | Surname:  |
| Home Address:  |
| Telephone No: (Day)  | Telephone No: (Evening): |
| Email Address:  |
| Emergency contact person:Emergency contact number:Emergency contact address:Relationship to you: |
| Do you have any support needs? Please specify |
| Previous relevant experience (Paid or Unpaid):*Please provide work from the last two years beginning with current/most recent:* |
| Any other information relevant to the post: |
| How did you hear about our organisation? |

1. **Availability for volunteering**

|  |
| --- |
| Days/hours available: |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

1. **Information for client matching purposes (note that none of these are requirements, the information is only used to match volunteers to specific roles and to specific clients)**

Are you a driver? YES [ ]  NO [ ]

Do you have access to a car? YES [ ]  NO [ ]

1. **Protection of Vulnerable Groups (Scotland) Act 2007**

Are you a member of the Protection of Vulnerable Groups (PVG) Scheme YES [ ]  NO [ ]

|  |  |
| --- | --- |
| **Membership Number** |  |

1. **References**

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name  | Relationship to referee | Position | Address | Telephone number | Email |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Data Privacy**

We will only use your data for the following purposes:

* Contacting you
* Matching you with clients for be-friending or driving
* Monitoring for the purposes of e.g. the Quality in Be-friending Award, or for funding requirements
* Equality monitoring

The No.1 Be-friending Agency will only share your data with other staff. No external individuals or agencies will be given your information unless we ask you and you agree in advance. We will not share your information with clients other than your first name.

A copy of our Volunteer Privacy Policy is available from your Volunteer Co-ordinator or from the Operations Manager on request.

By signing this application form the volunteer agrees that The No.1 Be-friending Agency may use their data in the above ways.

**Agreement**

I confirm that I agree that The No.1 Be-friending Agency may use the data I have provided on this form for the purposes stated above.

I also confirm that all information provided on this form is correct.

|  |
| --- |
| Name: (PLEASE PRINT): |
| Signature | Date: |

**Equalities Monitoring Form**

**The No.1 Befriending Agency** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation’s Human Resources section.

**Gender** Man [ ]  Woman [ ]  Non-binary [ ]  Prefer not to say [ ]

If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes [ ]  No [ ]  Prefer not to say [ ]

**Age 16-24** [ ]  **25-29** [ ]  **30-34** [ ]  **35-39** [ ]  **40-44** [ ]

**45-49** [ ]  **50-54** [ ]  **55-59** [ ]  **60-64** [ ]  **65+** [ ]

**Prefer not to say **

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English [ ]  Welsh [ ]  Scottish [ ]  Northern Irish [ ]  Irish [ ]

British [ ]  Gypsy or Irish Traveller [ ]  Prefer not to say [ ]

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean [ ]  White and Black African [ ]  White and Asian [ ]  Prefer not to say [ ]  Any other mixed background, please write in:

***Asian/Asian British***

Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Prefer not to say [ ]

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African [ ]  Caribbean [ ]  Prefer not to say [ ]

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab [ ]  Prefer not to say [ ]  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes [ ]  No [ ]  Prefer not to say [ ]

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual [ ]  Gay woman/lesbian [ ]  Gay man[ ]  Bisexual [ ]

Prefer not to say  If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Jewish [ ]

Muslim [ ]  Sikh [ ]  Prefer not to say [ ]  If other religion or belief, please write in:

**What is your current working pattern?**

Full-time [ ]  Part-time [ ]  Prefer not to say [ ]

**What is your flexible working arrangement?**

None [ ]  Flexi-time [ ]  Staggered hours [ ]  Term-time hours [ ]

Annualised hours [ ]  Job-share [ ]  Flexible shifts [ ]  Compressed hours [ ]

Homeworking [ ]  Prefer not to say [ ]  If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None [ ]  Primary carer of a child/children (under 18) [ ]

Primary carer of disabled child/children [ ]

Primary carer of disabled adult (18 and over) [ ]  Primary carer of older person [ ]

Secondary carer (another person carries out the main caring role) [ ]

Prefer not to say [ ]

**Please return this form with your Application Form. This Equalities Monitoring Form will be kept separately from your Application Form and used for the purposes of Equalities Monitoring only.**