

Volunteer Application Form

Name:	
Address:	
Post Code:	
Telephone (Home):	(Work):
Mobile:	Email:
Emergency Contact Name:	
Relationship:	
Address:	
Postcode	Daytime Tel No

National Insurance Number

Skill/Hobbies/Interests.....

.....

Why are you interested in becoming a volunteer?

Volunteer Availability	Mon	Tues	Wed	Thurs	Fri	Sat
a.m.						
p.m.						

Do you have a full British driving licence?	Yes/No
Do you have access to a car?	Yes/No

REFEREES

Please provide details of two referees.

1. Name:	2. Name:
Address:	Address:
Tel No:	Tel No:
Relationship:	Relationship:

DECLARATION

I declare that to the best of my knowledge, the information given in this application form is correct and that I have not left out any facts which may have a bearing on my application.

Signed.....
Date.....

EQUAL OPPORUNITIES MONITORING FORM

Please complete the form and return it with your application form. The form is only to monitor the mix of people applying to act as advocates, and to ensure that we as an organisation are offering equal opportunities.

<u>ETHNIC ORIGIN – please circle</u>		
• WHITE;	BRITISH,	IRISH, OTHER;
• BLACK OR BLACK BRITISH;	CARIBBEAN,	AFRICAN, OTHER;
• MIXED;	WHITE & BLACK CARIBBEAN, WHITE & BLACK AFRICAN, WHITE & ASIAN, OTHER;	
• ASIAN OR ASIAN BRITISH;	INDIAN,	
PAKISTANI,	BANGLADESHI,	OTHER;
• CHINESE OR OTHER ETHNIC GROUP;	CHINESE,	OTHER;

DO YOU CONSIDER YOURSELF TO BE DISABLED? Yes / No

IF YES WHAT TYPE OF DISABILITY DO YOU HAVE?

- Physical
- Sensory
- Learning
- Other (please specify).....