**Manor Gardens Volunteer Application Form**

*Information given on this form is confidential.*

 **Personal Details**

|  |  |
| --- | --- |
| Mr/Mrs/Miss/Ms/Dr/Other *(please state or circle)* | How would you like to be addressed *(your preferred name)*? |
| First name: | Surname: |
| Date of Birth: | Email: |
| Tel no: | Mobile no: |
| Address: | Please tick your preferred method of contact: □ Phone□ Email□ Post |
| Postcode:  |
| **Emergency contact** *(someone who we can contact in case of emergencies)* Name:Tel No: Relationship to you:  |

**Volunteering information**

Which service would you like to volunteer with?

□ Wellbeing Activities □ Advocacy Service

□ Youth Services □ Events/Summer Wellbeing Festival
□ Reception □ Office (ie Finance & HR) □ Food Co-op

What role are you interested in? (*e.g. admin, events, wellbeing group support, mental health champion, interpreter*)

Why do you want to volunteer at Manor Gardens and what do you hope to gain from it?

Do you have any particular skills/experience that you feel would be relevant to this type of volunteering?

Do you have any relevant training or qualifications? Would you be interested in doing any formal training specific to the role? (eg Mental Health First Aid course)

What are your hobbies and interests?

If you have specific times when you are able to volunteer please indicate this below.

|  |  |  |
| --- | --- | --- |
|  | Weekdays (please indicate which days) | Weekends |
| AM |  |  |
| PM |  |  |
| Evening |  |  |

Is there anything else you think it would be useful for us to know at this stage?

Do you have any disability or access requirements which we need to consider to enable you to volunteer with us?

How did you hear about us?

**Further Information:**

|  |  |  |
| --- | --- | --- |
| Country of Origin: | Mother Tongue: | Languages Spoken (indicate fluency): |

**References**

Please give details of two referees who have known you for at least three months and well enough to comment on your suitability to volunteer with us, e.g. *college tutor, employer, community leader.*

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| Name:  | Name:  |
| Address: | Address: |
| Tel No: | Tel No: |
| Email: | Email: |
| In what capacity do you know this person? | In what capacity do you know this person? |

**Statement of Convictions:**

Have you any previous convictions? □ Yes □No

Are you currently under investigation for any offence? □ Yes □No

*Signed: Date:*

***A DBS check will be required to undertake this role.***

**Declaration:**

*Data Protection: In accordance with the 1998 Data Protection Act, I agree that Manor Gardens Welfare Trust 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 and computer files. It will be held securely and only accessed by authorised personnel.*

*Signed: Date:*

□ Please tick here to opt-in to receive our e-newsletters.

***Thank you very much for your interest in volunteering and for completing this form.***

***We will be in touch as soon as possible.***

# Diversity Monitoring Form

In order to ensure that the Manor Gardens Welfare Trust’s Equal Opportunities Policy is effective it is necessary to monitor the diversity of our staff, trainees, volunteers and service users. All information will be treated as confidential and will be held in accordance with the Data Protection Act 1998. Information gathered using this form will only be used for the purpose of monitoring and planning our services and procedures.

Please tick the box that describes you best in each section. If you would rather not give any of the information just leave the section(s) blank.

**1. ETHNIC ORIGIN** (Categories recommended by the Commission for Racial Equality)

□ White – British

□ White – Irish

□ White – other (please specify)

□ Mixed – White and Black Caribbean

□ Mixed – White and Black African

□ Mixed – White and Asian

□ Mixed – other (please specify)

□ Asian or Asian British – Indian

□ Asian or Asian British – Pakistani

□ Asian or Asian British – Bangladeshi

□ Asian or Asian British – other (please specify)

□ Black or Black British – Caribbean

□ Black or Black British – African

□ Black or Black British – other (please specify)

□ Chinese

□ Other (please specify)

□ Prefer not to say

**2. GENDER**

□ Female □ Male □ Transgender □ Prefer not to say

**3. AGE**

 16 – 24

□ 25 – 34 □ 35 – 44 □ 45 – 54

□ 55 – 64 □ 65 and over

**4. SEXUALITY**

□ Heterosexual □ Gay man □ Gay Woman/Lesbian □ Bisexual
□ Prefer not to say

**5. DISABILITIES**

Do you consider yourself disabled? □ Yes □ No □ Prefer not to say

**6. YOUR COMMENTS**

If you have any comments about this form please write them here:

***Thank you for taking the time to fill in this form.***