****

**VOLUNTEER** **APPLICATION** **FORM**

Please enter all information using black ink and continue on separate sheets if necessary.

All information given on this form is confidential.

**YOUR DETAILS**

|  |  |
| --- | --- |
| Title (Mr/Mrs/Miss/Ms) |  |
| First Name(s) |  |
| Surname |  |
| Address |  |
|  |  |
| Postcode |  |
| Telephone | Mobile: Home: |
| Email Address |  |
| Date of Birth |  |
| Have you volunteered before? If yes, who with? |  |

Please indicate with an ‘X’ if you would prefer to be contacted by Email or Telephone:

|  |  |
| --- | --- |
| Email |  |
| Telephone |  |

**EMPLOYMENT/WORK EXPERIENCE HISTORY**

Give details of your past employment history or work experience

|  |  |  |  |
| --- | --- | --- | --- |
|  **Name and address** **of organisation** |  **Date** **from** |  **Date** **to** |  **Position and brief overview of duties** |
|  |  |  |  |

**ABOUT VOLUNTEERING**

|  |
| --- |
| Why would you like to volunteer with us? |
|  |
| Do you have any work/personal experience or skills which may be useful for volunteering with Cartrefi Cymru? |
|  |
| What are your hobbies and interests? |
|  |
| Where did you hear about volunteering with us? Please give details: |
|  |

Please indicate with an ‘X’ when you would be available to volunteer:

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Morning** | **Afternoon** | **Evening** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

Please indicate with an ‘X’ which volunteering role you would prefer:

|  |  |
| --- | --- |
| Activity Group-based |  |
| One-to-one Befriender |  |
| Glamorgan Holiday Hotel |  |
| Cartrefi Cymru Allotment |  |

Are you prepared to travel a short distance to meet with the people we support?

Please indicate with an ‘X’:

|  |  |
| --- | --- |
| Yes, I have access to a car and can travel |  |
| Yes, I can use public transport and can travel |  |
| No |  |

|  |
| --- |
| Is there any other information you would like to tell us to support your application? |
|  |

**REFERENCE DETAILS**

Please provide the contact details of two references that have known you well for a period of at least two years. Neither of these should be family members but people such as a previous or current employer; a college tutor or teacher; a GP or local councillor.

|  |  |
| --- | --- |
| **Reference 1** |  **Reference 2** |
| Name |  | Name |  |
| Address |  | Address |  |
|  |  |  |  |
|  |  |  |  |
| Postcode |  | Postcode |  |
| Telephone |  | Telephone |  |
| Email Address |  | Email Address |  |
| How does thisperson know you? |  | How does thisperson know you? |  |
| How long has this person known you? |  | How long has this person known you? |  |

**CRIMINAL CONVICTIONS**

All successful volunteer applications require an enhanced DBS check before acceptance.

Because of the nature of the volunteering roles they are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. As such all applicants are required to declare any conviction, caution, warning etc. even if they would otherwise be regarded as “spent” under this Act.

We ask all volunteer applicants to give us information of previous convictions. Having a previous conviction does not automatically bar you from volunteering with us but it will help us decide if the opportunity you have applied for is the most suitable. All information given is confidential. Please indicate your answer with an ‘X’:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Do you have any spent/unspent convictions, cautions, reprimands or warnings? |  |  |

If your answer to the above was ‘YES’, please give details:

|  |  |  |
| --- | --- | --- |
|  **Date** |  **Offence** |  **Outcome (e.g. fine; community**  **service; sentence)** |
|  |  |  |

I declare that, to the best of my knowledge, the above information is correct. I understand that if I take up a volunteer opportunity and it is found that I have deliberately given false information or withheld relevant information then the opportunity may be withdrawn.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### EQUAL OPPORTUNITIES MONITORING FORM

To help us monitor the effectiveness of our Equal Opportunities and Recruitment Policies we would like you to fill in this form. If you choose to complete it, any information given is treated in the strictest confidence.

*Please tick the appropriate boxes.*

**BIRTH DETAILS AND GENDER**

|  |
| --- |
|  Date of birth Town/City of birth  Country of birth Gender: Male Female Prefer not to say  |

**PARTNERSHIP STATUS**

male

|  |
| --- |
| Single Married Civil partnership Separated Divorced Widowed Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DISABILITY MONITORING**

|  |
| --- |
| Do you consider yourself to have a long term health condition or disability?  Yes No Prefer not to answer If ‘Yes’ what is the effect of your health condition or disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SEXUAL ORIENTATION**

|  |
| --- |
| Lesbian Gay Heterosexual Bisexual  Prefer not to answer  |

**RELIGION OR BELIEF**

|  |
| --- |
| Buddhist Christian Hindu Jew Muslim Sikh Other Religion or belief (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Religion Prefer not to answer  |

**ETHNIC ORIGIN**

|  |
| --- |
| **White**British Welsh English Scottish Irish European Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Black**Black British African Caribbean Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Asian**Asian British Bangladeshi Indian Pakistani Chinese Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mixed Race**Please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to answer  |

**Bilingual Policy**

|  |
| --- |
| Please indicate below whether you wish to receive your correspondence in English or Welsh.English Welsh Please indicate your level of **verbal** Welsh language: Fluent Learning None Please indicate your level of **written** Welsh language: Fluent Learning None  |