

## VOLUNTEER APPLICATION FORM

Please state below the position you are applying for:

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1. Personal information

Date: / /

NAME	
ADDRESS	
HOW LONG AT THIS ADDRESS?	
TELEPHONE NUMBER	
MOBILE NUMBER	
E-MAIL ADDRESS	
EMERGENCY CONTACT	
DATE OF BIRTH	
CAR DRIVER?	
Have you had a CRB check before?	

2. Please tell us why you wish to be a volunteer.

3. Please tell us what skills and qualities you feel you can bring to the scheme. *(Please continue onto an additional sheet if you wish)*

4. Do you have any area of special interest; for example, something you would like to gain experience in?

### 5. EXPERIENCE AND/OR EMPLOYMENT

Please state any experience, qualifications or training that you feel might be relevant to volunteering with the Trinity Ellesmere Port Volunteering Scheme.

6. At what times are you interested in volunteering? Please tick the boxes as applicable.

	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			

.....

7. Please tick which type of work you would like to get involved in:

*Daily Bread Cafe*           
 *Housekeeping*           
 *Kitchen*        
*'Being There' volunteer*           
 *Maintenance*           
 *Outside space*     

8. A minimum of 3 months' commitment is required. (However, we may be able to arrange a trial placement for you.) Is this convenient for you? YES / NO

9. Where did you hear about us?

10. Which languages do you speak?

**11. REFERENCES**

Please give details of 2 referees, who can comment on your suitability for volunteering.

Name		Name	
Position		Position	
Address		Address	
Tel No		Tel No	
E-mail		E-mail	

**12. DISCLOSURE OF CONVICTIONS AND CRB CHECKS**

We will ask you to make a declaration in relation to any past criminal convictions before you start a placement with us. Volunteering Scheme placements which involve work with children or vulnerable adults will require a CRB Check; however, not all convictions may make you unsuitable for volunteering or participation in the scheme.

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# Equal Opportunities Monitoring Form

For our monitoring purposes, please indicate your ethnic background (*please tick one*):

## A Asian or Asian British

Bangladeshi

Indian

Pakistani

Any other Asian background, please write here.....

## B Black or Black British

African

Caribbean

Any other Black background, please write here.....

## C Chinese or other ethnic group

Chinese

Any other, please write here.....

## D Mixed Heritage

White and Asian

White and Black African

White and Black Caribbean

Any other Mixed background, please write here.....

## E White

British

English

Irish

Scottish

Welsh

Any other White background, please write here.....

F Prefer not to say

Are you:

Male

Female:

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

Name: (Please Print)

\_\_\_\_\_

*Please return this form to: Volunteering Scheme, Trinity Ellesmere Port, Whitby Road, Ellesmere Port, Cheshire, CH65 0AE.*