**Limestone House Volunteer Application Form**

Thank you for your interest in volunteering with Limestone House.

Limestone House will use this information to assess your suitability for a volunteering opportunity and maintain relevant records. We will not pass this information on to any third party. When you volunteer with us, we will retain this information securely as part of our volunteering records. Should you choose not to volunteer with us we will retain the information for 6 months and then destroy it securely. Any information that you provide us with will be treated in strict confidence and in accordance with the General Data Protection Regulations (formerly Data Protection Act)

If you would like any help in completing this form, please contact us.

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| --- | --- |
| Volunteer Position: |  |
| Surname: |  |
| First Name: |  |
| Title: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |

 |
| Address: |  |
| Post Code: |  |
| Email Address: |  |
| Telephone (Home): |  |
| Telephone (Work): |  |
| Are you subject to visa control? |

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

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If yes, a copy of guidance for volunteers with a visa is available upon request.

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| --- |
| Have you Volunteered before? If so, please describe below: |
| Why would you like to volunteer? |

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| --- |
| **Your Skills, abilities, and experience:** |
| Please give a brief description of the skills and experience that you think would be relevant to the role?  |
| Please tells us about any other skills or experiences that you would like to offer or develop? |
| What days are you available to volunteer? (If not, a set pattern please advise?) |
| Once trained would you be able to commit for 6 months YES/NO and if not how long? |
| Physical disabilities, mental impairments or learning difficulties should not exclude people from becoming a volunteer. Is there anything which you consider we need to know to support you to carry out your role as a volunteer? |
| Do you have any unspent criminal convictions as defined in the Rehabilitation of Offenders 1974? Please note that having a criminal record WILL NOT necessarily bar you from becoming a volunteer. The criminal record will only be taken into consideration if it is relevant to this position. |

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| **Emergency Contact Details:** |
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|  |  |
| --- | --- |
| Name: | Address: |

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|  |  |
| --- | --- |
| Contact Number (Home): | Contact Number (Mobile): |

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|  |  |
| --- | --- |
| Email Address: | Relationship to you: |

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| **References:** Please give details of two people (NOT relatives or housemates) who have preferably known you for 12 months who we could approach for references. Please ensure you ask your referees permission. This section must be completed, or we cannot process your application. |
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|  |  |
| --- | --- |
| Name: | Address: |

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|  |  |
| --- | --- |
| Contact Number (Home): | Contact Number (Mobile): |

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| --- | --- |
| Email Address:  | Relationship to you: |

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| Name: | Address: |

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| --- | --- |
| Contact Number (Home): | Contact Number (Mobile): |

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| --- | --- |
| Email Address:  | Relationship to you: |

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By signing to apply as a volunteer, you authorise Limestone House to seek references and make relevant enquiries to consider your application. Also, you agree that Limestone House will keep records (on computer and in paper form) about you.

 Signature: ...........................................................................................................

 Date: ....................................................................................................................

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| --- |
| Thank you for completing this application and we will contact you to arrange your induction and training. |

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| Volunteer feedback is essential to the continued development of Limestone House and our projects/initiatives, so we welcome comments to the contact details below. |

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| Limestone House is committed to achieving equality and diversity of opportunity in volunteering. To demonstrate this, we ask you to complete the following questions. The information will only be used on a statistical (anonymous) basis. |
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| --- | --- | --- | --- | --- |
| Gender | Male |  | Female |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age Range | 16-25 | 26-40 | 41-60 | 60+ |

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| Describe your ethnic origin by putting an X in ONE of the boxes below: |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White British |  | Mixed White & Asian |  | Any other Asian Background |  | Any other Ethnic Group |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White Irish |  | Any other Mixed Background |  | Caribbean |  | I prefer not to say |  |

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| --- | --- | --- | --- | --- | --- |
| Any Other white Background |  | Indian |  | African |  |

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| --- | --- | --- | --- | --- | --- |
| Mixed White and Black Caribbean |  | Pakistani |  | Any other Black Background |  |

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| --- | --- | --- | --- | --- | --- |
| Mixed White and Black African |  | Bangladeshi |  | Chinese |  |

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| What is your Nationality? |
| Describe your sexuality by putting an X in ONE of the boxes below: |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gay |  | Heterosexual |  | Do not wish to state |  |

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| Do you have a disability, long term illness or health condition?The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e., has lasted or is expected to last 12 months) and adverse effect on the person’s ability to carry out normal day to day activities. |
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| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

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| How did you find out about Limestone House and our volunteering opportunities? |