

## Volunteer Application Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Skills and Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Occupation: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a particular type of volunteer work in which you are interested?

- Working one to one with single client
- Working directly with a member of staff as an assistant
- Helping with general reception duties
- Helping with general administration duties
- Working in retail outlet
- Helping with van deliveries and collections
- Helping with food collection and delivery
- General cleaning activities
- Handyperson and gardening activities
- Fundraising
- Marketing/Event organising
- No preference

Availability:

At what times are you interested in volunteering?

- |            |                                  |                                  |                                    |
|------------|----------------------------------|----------------------------------|------------------------------------|
| Monday:    | All day <input type="checkbox"/> | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> |
| Tuesday:   | All day <input type="checkbox"/> | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> |
| Wednesday: | All day <input type="checkbox"/> | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> |
| Thursday:  | All day <input type="checkbox"/> | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> |
| Friday:    | All day <input type="checkbox"/> | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> |

Do you have access to a car you can use for volunteer work?

- Yes  No  Occasionally

How did you hear about us:

- Advertisement  Word of Mouth  Employment Agency   
Volunteer Bureau  Other  (Please state) \_\_\_\_\_

Declaration

I declare that the information given in this application is true. I understand that any falsification will be judged as serious misconduct and may result in dismissal.

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

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

Please return this application form to:

Stephen Durkin, General Manager,  
CARE, 18 Hainton Avenue, Grimsby, North East Lincolnshire, DN32 9BB or email to  
[enquiries@carenelincs.co.uk](mailto:enquiries@carenelincs.co.uk)

## Equal Opportunities Monitoring Form

We keep records of people who apply to us either as staff or to volunteer within the charity. This is to ensure that our services are provided on an equal basis without discrimination on the grounds of age, gender, race, ethnicity, sexuality, disability or religion. Any information you choose to give us will be treated in confidence and will be used for monitoring purposes only.

PLEASE TICK AS APPROPRIATE :				Male <input type="checkbox"/>			Female <input type="checkbox"/>			
AGE:	under18	18-24	25-29	30-34	35-39	40-49	50-59	60-69	70 +	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ETHNICITY:										
White		British <input type="checkbox"/>		Irish <input type="checkbox"/>		Any other White background <input type="checkbox"/>				
Black or British Black		African <input type="checkbox"/>		Caribbean <input type="checkbox"/>		Any other Black background <input type="checkbox"/>				
Asian or British Asian		Bangladeshi <input type="checkbox"/>		Indian <input type="checkbox"/>		Pakistani <input type="checkbox"/>		Any other Asian background <input type="checkbox"/>		
Mixed		White and Asian <input type="checkbox"/>		White and Black African <input type="checkbox"/>		White and Black Caribbean <input type="checkbox"/>		Any other Mixed background <input type="checkbox"/>		
Chinese or other ethnic group		Chinese <input type="checkbox"/>		Arab <input type="checkbox"/>		Other – please detail				
Traveller		Gypsy <input type="checkbox"/>		Romany <input type="checkbox"/>		Irish Traveller <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>		
SEXUAL ORIENTATION:										
Bisexual <input type="checkbox"/>		Gay <input type="checkbox"/>		Heterosexual <input type="checkbox"/>		Lesbian <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>		
TRANSGENDER :										
Yes <input type="checkbox"/>				No <input type="checkbox"/>			Prefer not to say <input type="checkbox"/>			
EX-ARMED FORCES PERSONNEL (e.g. Army, RAF, Royal Navy) :										
Yes <input type="checkbox"/>				No <input type="checkbox"/>			Prefer not to say <input type="checkbox"/>			
DISABILITY:										
Yes <input type="checkbox"/>		No <input type="checkbox"/>		Don't know <input type="checkbox"/>			If yes, please tick relevant box below:			
Mobility <input type="checkbox"/>		Visual Impairment <input type="checkbox"/>		Hearing Impairment <input type="checkbox"/>		Mental Health condition <input type="checkbox"/>				
Autistic Spectrum Condition <input type="checkbox"/>		Learning disability/difficulty <input type="checkbox"/>		Progressive Disability /Chronic Illness (e.g. MS, Cancer) <input type="checkbox"/>			Other - please detail			
RELIGION:										
Buddhist <input type="checkbox"/>		Hindu <input type="checkbox"/>		Sikh <input type="checkbox"/>			Muslim <input type="checkbox"/>			
Jewish <input type="checkbox"/>		Christian <input type="checkbox"/>		None <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>		Not known <input type="checkbox"/>		Other - please detail
MARITAL STATUS:										
Single <input type="checkbox"/>		Married <input type="checkbox"/>		Separated <input type="checkbox"/>		Divorced <input type="checkbox"/>		Living with Partner <input type="checkbox"/>		Other – please detail
REFERING AGENCY:										
POST CODE OF APPLICANT:										

Thank you for taking the time to provide this information.