VOLUNTEER APPLICATION FORM 

PLEASE COMPLETE IN BLACK INK

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| **PERSONAL DETAILS** | |
| Surname: | Forename: |
| Address:  Postcode: | |
| Phone number: | Email: |
| Please provide your date of birth: (DD/MM/YYYY) | |
| **SKILLS AND EXPERIENCES** | |
| Please tell us about any skills, experience and interest that you have that might be relevant to voluntary service at Jamila’s Legacy, for example your past or present occupation or hobbies. | |
| **WHICH PROJECT WOULD YOU LIKE TO VOLUNTEER AT:** (Select all that apply and frequency you could attend) | |
| Monday: Mental Wellbeing Monday – Bimonthly at John Lewis Café 10am-12pm |  |
| Tuesday: The Women’s Project – Weekly at The African Caribbean Centre 10am-12pm |  |
| Wednesday: Highfields Mental Health Café - Weekly at Merylyn Vaz Centre 2pm-6pm |  |
| Thursday: The Women’s Project – Weekly at Highfields Library 10am-12pm |  |
| Friday: Highfields Mental Health Café - Weekly at The Caribbean Centre 2pm-6pm |  |
| Sunday: Time Out Sundays – Once a month at Loros Hospice 11am-1pm |  |
| Events: Various days including weekends and evenings – various times including whole days |  |
| Other roles and duties: Various days and times, working on site, home or hybrid - Admin, Marketing, Accounts, HR, Coordinators, Bid writing, all can be discussed at interview. |  |
| **HEALTH INFORMATION** | |
| At the interview we will discuss with you any arrangements needed to accommodate disability or health conditions to support you in your volunteering role.  Do you need any specific requirements to attend an interview?  If YES, please give details: | |
| **REFERENCES** | |
| **Volunteer roles at Jamila’s Legacy may require that we ask for references for you. The next section must, therefore, be completed fully and accurately.**  Please provide the names of two persons who are able and willing to give you a reference. The first must be a person who has known you in a formal capacity (such as an employer/team member, school or college, religious institution). The second can be a friend or colleague. Both must have known you for at least two years and neither can be a member of your, or your partner’s, family. | |
| **REFERENCE ONE** | **REFERENCE TWO** |
| Name: | Name: |
| Address:  Postcode: | Address:  Postcode: |
| Phone number: | Phone number: |
| Email: | Email: |
| Capacity in which the reference is known to you: | Capacity in which the reference is known to you: |
| **To meet regulatory and compliance requirements, all volunteers are required to complete a Disclosure and Barring Service check, the results of which need to be satisfactory to Jamila’s Legacy. More information will be provided.** | |
| **Have you ever been convicted of a criminal offence?**  (You do not need to disclose convictions deemed as spent under the Rehabilitation of Offenders Act 1974).  Yes No | |
| **If YES,** please give details of offences, convictions and dates. | |
| **AGREEMENT AND SIGNATURE** | |
| I certify that the information I have provided is to the best of my knowledge and undertake to inform you should this information change. I declare that the information given on this form is true and complete to the best of my knowledge and belief.  **Name: Signature:**  **Date:** | |
| **EQUALITY STATEMENT**  Jamila’s Legacy CIC is committed to providing equal opportunities in volunteering and avoiding discrimination as stated in our Equal Opportunities policy. | |
| **WHICH GENDER DO YOU IDENTIFY WITH?** | |
| Female Male Other: (if you marked “other” how would you describe yourself) | |
| **PLEASE INDICATE IF THIS IS THE SAME REGISTERED AT BIRTH** | |
| Yes No Prefer not to answer: | |
| **SEXUAL ORIENTATION** | |
| Bisexual Gay female/lesbian Gay male Heterosexual  Other: (if you marked “other” how would you describe yourself)  Prefer not to answer: | |
| **PLEASE CHOOSE ONE OPTION THAT BEST DESCRIBES YOUR ETHNIC GROUP** | |
| African Arab  Black British Bangladeshi or British Bangladeshi  Caribbean Chinese  Irish Indian or British Indian  Pakistani Prefer not to say  White and Asian White and Black African Caribbean  White British White Gypsy or Irish Traveller  Other Asian background Other African/Black/Caribbean background  Other white background Any other ethnic group, please state | |
| **PLEASE TELL US YOUR NATIONALITY** | |
| **PLEASE CHOOSE ONE OPTION THAT BEST DESCRIBES YOUR RELIGION OR BELIEF** | |
| Agnostic Atheist Baha’i  Buddhist Christian Hinduism  Jainism Judaism Islam  Sikhism Prefer not to say Other, please state below | |
| **DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, OR A LONG TERM ILLNESS, PHYSICAL OR MENTAL HEALTH PROBLEM?** | |
| The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person’s ability to carry out normal day to day activities.  Yes No Prefer not to answer  **If you have answered “yes” to this question, please state the type of impairment that applies to you.**  Physical/Mobility Hearing Visual Developmental  Other: (please state)  Prefer not to say: | |
| **THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.** | |