

Volunteer Application Form

Personal Details

Title:	
First Name:	
Last Name:	
Male/Female:	
DOB:	
Address:	
Post Code:	
Home Tel No:	
Mobile Tel No:	
Email Address:	

Area of Work

Please tick all areas you are interested in.

For more information on each area of work please see separate information leaflet.

<input type="checkbox"/> Working with Children	<input type="checkbox"/> Admin	<input type="checkbox"/> Catering
<input type="checkbox"/> Gardening	<input type="checkbox"/> Animals	<input type="checkbox"/> Domestic
<input type="checkbox"/> Handy Work	<input type="checkbox"/> Leaflet Drop	<input type="checkbox"/> Crafts
<input type="checkbox"/> Support to Parents	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Events
<input type="checkbox"/> Other. Please Specify _____		

General Information

Have you volunteered before? <i>(If so please state which organisation)</i>
Why do you want to volunteer for Daisy Chain?
What do you hope to gain by volunteering at Daisy Chain?
What skills and/or experience could you bring to Daisy Chain?
Is there any other information you feel we would need to know?

Days Available to Work

Please tick times you are available

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

If you would like to volunteer but are unable to give regular commitment please tick here.

References

Please provide two references who you have known for at least two years and whom are not related to you.

1st Reference

2nd Reference

Name:		
Address:		
Post Code:		
Home Tel No:		
Work Tel No:		
Mobile Tel No:		
How do you know this person?		
How many years have you known this person?		

Emergency Contact Details

1st Contact

2nd Contact

Name:		
Relationship:		
Address:		
Post Code:		
Home Tel No:		
Mobile Tel No:		

Because of the nature of the work at Daisy Chain, involving children, it may be necessary for you to undergo a Criminal Record Bureau (CRB) disclosure. All positions are exempt from the Rehabilitation of Offenders Act 1974 (ROA). You are therefore required to declare any convictions or cautions you may have, even if they would otherwise be regarded as 'spent' under this Act. Any information you give will be treated in confidence and will not necessarily stop you from volunteering.

Signature: _____ Print Name: _____ Date: _____

Equal Opportunities Monitoring Form- Confidential

Information in this section will not be linked to you as an individual but will be used to monitor how well we apply our Equal Opportunities policy to volunteering.

Please tick the appropriate response in each of the following sections.

Age

- 16-23 46-60
 24-30 Over 60
 31-45

Gender

- Male Female

Occupation

- Employed Full Time Employed Part Time
 Student Unemployed
 Not Working Retired

Ethnic Origin

- | | | | |
|----------------------------------|--|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Mixed | <input type="checkbox"/> Asian or Asian British | <input type="checkbox"/> Black |
| <input type="checkbox"/> British | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other Ethnic Group |

How Did You Hear About Daisy Chain?

- Friend/Relative
- Local Press. *Please State* _____
- Local Radio. *Please State* _____
- Event. *Please State* _____
- Other. *Please State* _____