

Porch Project Hadleigh Strictly Confidential

Application for volunteering with Porch Project Hadleigh

(please continue on a separate sheet if necessary and state which section/point you are answering)

Personal Details – Section A

Surname/Family Name			
First Names			
Previous Surname(s)			
Title			
Address			
Postcode			
Home Telephone		Mobile Telephone	
Work Telephone		May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
Do you hold a current full driving licence?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact			
Address			

Telephone Number

Your Experience – Section B

Present Occupation or Education and Dates

Previous Occupations (please include the last 10 years please mention any gaps)

Previous Voluntary Experience – Please Give Details
<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you any qualifications, hobbies, skills or interests that would be useful as a volunteer? – Please Give Details
<input type="checkbox"/> Yes <input type="checkbox"/> No

In accordance with the Rehabilitation of offenders Acts Exemption Order all applicants must declare ALL previous criminal convictions/warnings/cautions/reprimands/bind-overs and all those pending. Do you have any of these. If 'Yes' please give details:

Yes No

Your Availability – Section C

(please tick those days and times when you could be available)

	Tuesdays	Fridays
Weekly		
Monthly		
Other		

Please state Other

Any Dislikes – Section D

Are there any voluntary activities that you would not wish to undertake? Please give details.

References – Section E

To enable us to verify the information you have given would you please give the names and addresses of two people who are not related to you and who will be prepared to act as a referee for you. At least you should know one of them in a work or education capacity if possible. (if you are using a school reference you must give the details of the school rather than the personal address)

Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Telephone No:		Telephone No:	
Relationship:		Relationship:	

Declaration – Section F

I consent to Porch Project Hadleigh carrying out any appropriate probity checks of relevant information stated on this form.

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent removal from the volunteer register. This applies equally to any medical questionnaire/forms I may be required to complete.

Signed

.....

Date

.....

Monitoring information

This section of the application form will be detached from your application form and will be used for monitoring purposes only to ensure equality.

Porch Project Hadleigh recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees and volunteers with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Name:	
*Date of Birth:	
*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race relations (Amendment) Act 2000

*I would describe my ethnic origin as:		
<p>Asian or Asian British</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<p>Mixed</p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background	<p>Other Ethnic Group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this
<p>Black or Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	

Employment Equality Regulations 2003

*Please select the option which best describes your sexuality:	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual	<input type="checkbox"/> I do not wish to disclose this

*Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Christianity <input type="checkbox"/> Other	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> I do not wish to disclose this

Disability Discrimination Act 1995

The Disability Discrimination Act protects disabled people. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to your work and your work arrangements.

*Do you consider yourself to have a disability?	
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other	

*** DECLARATION**

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent removal from the volunteer register. This applies equally to any medical questionnaire/forms I may be required to complete.

*I agree to the above declaration			
Signature:			
Name:		Date:	

In confidence please return completed form to:

The Porch Project, The Deanery, Church Street, Hadleigh, Suffolk IP7 5DT