**Volunteer Application form**



**If you need any assistance filling in this form please ask**

**VOLUNTEER ROLE**

|  |  |  |
| --- | --- | --- |
| **What role are you interested in?**  **Please tick all that apply** | Community supermarket |  |
| Delivery driver |  |
| Community kitchen |  |
| Storeroom |  |
| Social media |  |
| Retail shops |  |
| Admin |  |
| **Location**  **Please tick all that apply:** | Newhaven |  |
| Peacehaven |  |
| Eastbourne |  |
| **How did you hear about this opportunity?** |  | |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Pronoun (i.e he/she/they) |  |
| Title (Mr/Mrs/Miss/Ms/Mx): |  |
| Address: |  |
| Post code: |  |
| Home telephone number: |  |
| Mobile telephone number: |  |
| E-mail address: |  |

|  |
| --- |
| Please give a brief outline of why you wish to volunteer and what experience(s) you can bring to the organisation: |
|  |

**REFERENCES**

|  |  |
| --- | --- |
| To assist us in offering you this opportunity we would ask you to give us the names of two references could contact to provide us with character references | |
| Name: | Address & email address: |
|  |  |
|  |  |

**AVAILABILITY**

SCDA value its volunteers and any of your valuable time that you give to us as a volunteer. We would grateful if you could give us an idea of your availability on the forms bellow

|  |  |  |
| --- | --- | --- |
| Days of the week | AM | PM |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

|  |  |
| --- | --- |
| I would like to volunteer…. | |
| Weekly |  |
| Fortnightly |  |
| Monthly |  |

**Do you need any assistance or adaptions to be able to do the role** Yes No

If Yes please state:

**EMERGENCY CONTACT**

Please provide us with contact details of someone who we might contact in an emergency:

|  |  |
| --- | --- |
| Name: |  |
| Relationship to you |  |
| Address |  |
| Home Telephone |  |

**PERMISSIONS**

I am happy to be added to the volunteer email mailing list

I am happy for my email to be used to register me on the online training portal iHasco



**Monitoring Form for Equal Opportunities**

**Information for volunteers**

**Why monitor?**

Without monitoring, an organisation will never know whether its equal opportunities policy is working. To have an equality policy without monitoring is like aiming for good financial management without keeping financial records.

Monitoring can tell an organisation whether it is offering equality of opportunity and treatment to all. It can also tell an organisation how and why it is falling short of this ideal. The organisation can then concentrate on finding solutions and making changes, rather than using guesswork or assumptions.

**Categories for ethnic monitoring**

We use the same ethnicity classification as the 2016 census so that comparisons can be made with census output data.

**Why monitor age, disability, sexual orientation or gender?**

To assist us with ensuring that our policies and practice, in relation to volunteer recruitment and selection, do not discriminate unfairly on the basis of protected characteristics outlined in the Equality Act 2010.

**How will the information be used?**

We will use the information gained to highlight possible inequalities and assist us with investigating their underlying causes and, removing any unfairness or disadvantage. The information gathered will also allow us to analyse how our practices and procedures affect different groups.

**Confidentiality**

The Data Protection Act 1998 states that the racial or ethnic origin, sexual orientation, religion etc of an individual is 'sensitive personal data.' This means that the information you reveal about yourself will not be disclosed, other than as part of the generic ethnic monitoring statistics which the organisation undertakes. The information will be used for the practical purposes already stated.

**Please return this form......**

To the same address as your application form. The form will be processed separately to your application form.

**If you have any comments.....**

On the information provided here or on any other aspect of our monitoring process please write HR at Denton Island Community Centre, Newhaven BN9 9BN.

**What is your ethnic group?**

Please read the **Monitoring Form - Information for volunteers** which accompanies this form. We hope you will want to complete this form.

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A WHITE** | | | | | | | | | |
| British |  | |  | | | Any other please write in • eg. Polish and Greek | | | | | | | |
| Irish  Gypsy or Irish Traveller |  | |  | | |
|  | |
|  | |
| **B MIXED** | | | | | | | | | |
| White and Black Caribbean | | | | | | | |  |  | Any other Mixed background please write in | | | |
| White and Black African | | | | | | | |  |  |
| White and Asian | | | | | | | |  |  |
|  |
| **C ASIAN OR ASIAN BRITISH** | | | | | | | | | | |
| Indian | | |  | |  | | Any other Asian background please write in – eg. Korean and Japanese | | | | | | |
| Pakistani | | |  | |  | |
| Bangladeshi  Chinese | | |  | |  | |
|  | |
|  | |
| **D BLACK OR BLACK BRITISH** | | | | | | | | | |
| Caribbean | |  | |  | | | Any other Black background please write in – eg. Black American and Black European | | | | | | |
| African | |  | |  | | |
|  | |
|  | | | | | | | | | | | | |
| **E OTHER ETHNIC GROUP** | | | | | | | | | | | |
| Arab | |  | |  | | | Any other please write in – eg Polynesian and Melanesian | | | | | | |
|  | |
|  | |
|  | |  | | | | | | | | | | |

**Other Monitoring**

Do you consider yourself as having a disability?

Yes  No  Prefer not to state 

**N.B. Definition of** **disability under the Equality Act 2010**. You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

**Gender Identity**

Do you identify as: Male  Female  Non-binary 

Unsure  Prefer not to state  Prefer to self-describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your gender identity match the sex you were assigned at birth (born as)?

Yes  No  Some of the time  Unsure  Prefer not to say 

**Age**

How old are you?

**Sexuality**

Are you: Bisexual  Gay  Heterosexual/ Straight 

Lesbian  Unsure  Prefer not to state 

Prefer to self-describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_