

VOLUNTEER APPLICATION FORM

Please complete all sections as fully as possible and return in an envelope to:

Office Manager
Basingstoke Mencap
The Orchard
White Hart Lane
Basingstoke
Hants, RG21 4AF

Please comp	Please complete in BLOCK CAPITALS.		
All informati	All information will be treated as confidential		
	Surname/Family Name Mr / Mrs / Ms / Miss / Other		
Forenames			
Address			
	Postcode		
Telephone	Home		
	Work		
	Mobile		
Email			

Volunteer Role (Please indicate area of interest)

ASPIRE Leisure Greenfingers One to One Support Office

Have you done any voluntary work before?	Yes / No	
f YES, please tell us what you have done		
Have you any experience of people with a learning disability?	Yes / No	
If YES, please give details		
Further information		
Please use this section to tell us about any skills or hobbies that what you would like to do and what times are you available for		

Equal Opportunities

	a criminal conviction?	
Yes []	No []	
I =	_	e Charity's service users will require an enhanced Disclosure e Criminal Records Bureau.
are asked to	disclose on a separate t) under the Rehabilitation	ot necessary prohibit you from volunteering with us, but you sheet of paper any previous convictions (including those on of Offenders Act 1974 (exceptions) Order 1975 Schedule I
Do you have	a medical condition or dis	sability that may affect your volunteering?
Yes	[] No []	
If yes please ;	give brief detail	
volunteering.	A disability or health pr	nenting an Equal Opportunities policy in employment and roblem does not preclude full consideration for volunteering eople with disabilities are welcomed.
rences		
Please provid	· ·	. postcode), and status (e.g. teacher, employer, neighbour) of t related to you, whom we may contact for references.
Please provid	· ·	
people who k	· ·	t related to you, whom we may contact for references.
Please provid people who k Name:	· ·	Name:

DECLARATION

I declare that the information provided on this application form is a true and accurate record. I
understand that any false declaration or misleading statement may disqualify me from
volunteering. I understand that any offer is subject to satisfactory references and an enhanced
DBS disclosure being obtained.

Cianaturo	Date	
Signature	Date	

The information on this form will remain confidential. We may, from time to time, wish to process this information for administration and business management purposes. Where this is the case, processing, whether by electronic means or otherwise, will take place in accordance with the Data Protection Act 2018. By signing this form you will be providing your consent to these uses.

Equal Opportunities Monitoring Form

Completion of this form is not obligatory, information obtained is held separately from your application and is used for monitoring purposes only.

1. Gender:			
MALE / FEMALE			
2. Age			
3. Marital status:			
MARRIED / SINGLE / OTHER			
4. Do you have responsibility for dependants? (Dependants relates to children, or elderly or other persons for whom you are the main carer.)			
YES / NO			
5. Do you have any disabilities?			
YES / NO			
6. Ethnic origin			
(Relates to a sense of identity/belonging on the basis of race/culture)			
I would describe myself as (choose ONE section from A to E, and then tick the appropriate becultural background):	oox to indicate your		
A White:			
British			
English			
Scottish			
Welsh			
Irish			
Other, please specify:			
B Mixed:			
White and Black Caribbean			
White and Black African			
White and Asian			
Other, please specify:			
C Asian, Asian British, Asian English, Asian Scottish or Asian Welsh:			
Indian			

Pakistani					
Bangladeshi					
Other, please specify:					
D Black, Black British, Black English	, Black Scottish, o	or Black Welsh:			
Caribbean					
African					
Other, please specify:					
E Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or other ethnic group:					
Chinese					
Other, please specify:					
7. Where did you see this post advertised?					
Data protection: Information from this application may be processed for purposes registered by Basingstoke Mencap under the Data Protection Act 1998. Individuals have, on written request [and on payment of a fee] the right of access to personal data held about them. I hereby give my consent to Basingstoke Mencap processing the data supplied in this form for the purpose of					
recruitment and selection.					
Applicant's signature:		Date:			