



VOLUNTEER APPLICATION FORM

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

Office Manager
Basingstoke Mencap
The IncuHive Space
Brunel House
Stephenson Road
Basingstoke
Hampshire
RG21 6XR

Please complete in BLOCK CAPITALS.

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)

- Leisure
- Greenfingers
- One to One Support
- Office
- Trustee

Have you done any voluntary work before?

Yes / No

If 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 you might bring to your volunteering. Also, what you would like to do and what times are you available for volunteering?

Equal Opportunities

Do you have a criminal conviction?

Yes [] No []

All positions involving contact with the Charity's service users will require an enhanced Disclosure & Barring Service (DBS) check from the Criminal Records Bureau.

Possession of a criminal record will not necessary prohibit you from volunteering with us, but you are asked to disclose on a separate sheet of paper any previous convictions (including those deemed spent) under the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 Schedule I Part II Paragraph 12.

Do you have a medical condition or disability that may affect your volunteering?

Yes [] No []

If yes please give brief detail

The Charity is committed to implementing an Equal Opportunities policy in employment and volunteering. A disability or health problem does not preclude full consideration for volunteering opportunities and applications from people with disabilities are welcomed.

References

Please provide the name, address (Inc. postcode), and status (e.g. teacher, employer, neighbour) of two people who know you well but are not related to you, whom we may contact for references.

Name:	Name:
Address:	Address:
Status:	Status:

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.

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 box to indicate your cultural background):	
A White:	
British	<input type="checkbox"/>
English	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>
B Mixed:	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>
C Asian, Asian British, Asian English, Asian Scottish or Asian Welsh:	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>

Bangladeshi	
Other, please specify:	
D Black, Black British, Black English, Black Scottish, 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?	
<p>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.</p> <p>I hereby give my consent to Basingstoke Mencap processing the data supplied in this form for the purpose of recruitment and selection.</p>	
Applicant's signature:	Date: