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| Volunteer’s Application Form |

**Thank you for your interest in volunteering with our organisation. Please complete the form below and submit it to the address at the end of the form. The information you provide is strictly confidential. We welcome applications from all abilities, backgrounds and communities. (C*lick on the shaded area to complete).***

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| **1. PERSONAL DETAILS** |
| Surname:      | Title:      |
| Forename/s:       |  |
| Previous Name/s:       |
| Address:       | Home Telephone Number:       |
| Mobile Telephone Number: |
| Email address:       |
| Postcode:       |

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| **2. VOLUNTEER ROLE** |
| *What role are you interested in applying for?**(Double click on square to select)**Board of trustees* [ ]  office volunteer [ ]  fundraising volunteer [ ]  other [ ] If other, please give details       |

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| **3. VOLUNTEER’SAVAILABILITY** |
| Please indicate below any dates when you would not be able to attend for interview:When are you available to volunteer? Weekday [ ]  weekend [ ]  evening [ ] Are there any dates or days/times you would be unable to come and meet us for a chat?      |

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| **4. VOLUNTEER’SSKILLS AND INTERESTS** |
| 1. **Skills I have -** Special skills, talents, interests I like to usee.g., typing, talking to people, writing, working with young people

     1. **Things I like to do -** e. g organising fun events, helping with outings, helping raise funds from local people,

      1. **Interests I want to develop -** Areas I want to learn more aboute.g., computers, bookkeeping, chairing a committee
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| **5. REFERENCES** |
| **In order to protect the interests of Camberwell After School Project you need to provide two references, who are not related to you by blood or by marriage and who have known you for at least two years.** |
| Name  | Name:  |
| Address:  | Address:  |
| Email: | Email: |
| Telephone Number | Telephone Number:  |
| Title/ Position | Title/ Position:  |
| Relationship to applicant | Relationship to applicant:  |
| **Please note that an offer of volunteer’s role cannot be confirmed without receipt of satisfactory references** |

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**Send completed volunteer’s application form to:**

Via email: Carmen.lindsay@caspuk.org

Or

Via Post: Carmen Lindsay MBE

 Camberwell After School Project

 14 Badsworth Road

 Camberwell

 London

 SE5 0JY

*Thank you for your volunteer’s application*

*Please continue to Monitoring Section below.*

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| **6. MONITORING SECTION** |
| It would be really helpful if you could complete this section for us. We are committed to equality of opportunity and the information you provide will help us to ensure fair and equal treatment of applicants. |

**1) How would you describe your ethnicity?**

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| --- | --- | --- |
| **(a) White** | **(b) Mixed** | **(c) Asian & British Asian** |
| [ ]  British | [ ]  White & Black Caribbean | [ ]  Indian |
| [ ]  Irish | [ ]  White & Black African | [ ]  Pakistani |
| [ ]  Any other White background\* | [ ]  White & Asian | [ ] Bangladeshi |
|  | [ ]  Any other Mixed background\* | [ ] Any other Asian background\* |

\*(please state below)

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| **(d) Black & Black British** | **(e) Chinese or other ethnic group** | **(f) Gypsy/Traveller** |
| [ ] Caribbean | [ ]  Chinese | [ ]  Irish Traveller |
| [ ]  African | [ ]  Any other ethnic group\* | [ ]  Romany Gypsy |
| [ ]  Any other Black background\* |  | [ ]  Any other background\* |

\*(please state below)

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**(g)**[ ] Prefer not to state

**2) My sex is:** Male [ ]  Female [ ]  Prefer not to state [ ]

**3) My date of birth is:** (DD/MM/YY)       Age:

**4)** The Equality Act 2010 defines disability as a person has a disability if:

* they have a physical or mental impairment;
* the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

**I consider myself to be:** Disabled [ ]  Non Disabled [ ]

**5)** **My religion is:** Buddhist [ ]  Christian (all denominations) [ ]  Hindu [ ]  Jewish [ ]  Muslim [ ]  Sikh [ ]  None [ ]  Prefer not to state [ ]

 Other please specify

**Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have been provided with Camberwell After School Privacy notice in relation to data processing for applications and understand that:

* Camberwell After School has a legal and legitimate interest to collect and process my personal data in order to meet statutory and contractual requirements.
* There may be significant consequences if I fail to provide the personal data the school requires.
* Camberwell After School Project may share my data with the local authority.
* Camberwell After School Project will not share my data with any other third parties without my consent unless the law requires us to do so.
* The nature and personal categories of this data, and where the personal data originates from and where my data is obtained from third parties.
* My data is retained in line with Camberwell After School Project’s Records Management and Retention Policy.
* I have rights to the processing of my personal data.

Name of Parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form with you application form.