

VOLUNTEER APPLICATION FORM

Please read the job description and other information provided about the befriender role.

Please return this form to Sumeya Daud at the Shama Women's Centre or email to shama.befriender@hotmail.com

POST APPLIED FOR: _____

Title: _____ First name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Email: _____ Telephone: _____

Do you have use of a car for business purposes?

Yes No

Do you hold a current UK driving licence?

Yes No

Have you suffered a bereavement?

Yes No

Why do you want to volunteer?

What skills can you bring to Shama?

Which languages are you able to speak?

When are you available from?

Day Month Year

How many hours can you spare a week?

What days are you available (please tick)?

	Daytime (9am-3pm)	Evening (5pm-8pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

RECENT EDUCATION

Are you currently in education? If so what are you studying or have studied?

RECENT EMPLOYMENT

Current or most recent employment (include unpaid and voluntary work)

Job title: _____

Employer: _____

Employer address: _____

Brief descriptions of duties

REFERENCES

Please give names and addresses of **two referees** who know you well enough to comment on your suitability for the post. If you have not been previously employed, give the name of a responsible person who knows you well, but is **not a relative**.

REFEREE 1 Name: _____

Job title: _____

Organisation: _____

Address: _____

Relationship to referee: (eg line manager/friend) _____

Email: _____ Phone: _____

REFEREE 2 Name: _____

Job title: _____

Organisation: _____

Address: _____

Relationship to referee: (eg line manager/friend) _____

Email: _____ Phone: _____

DECLARATION

I confirm to the best of my knowledge the information I have provided in this application form is true and correct.

Signed: _____ Date: _____

EQUALITY, DIVERSITY AND DATA MONITORING FORM

The information you enter on this equality and diversity monitoring form will be used for monitoring purposes only and will not be used in assessing and/or scoring your application or at interview stage.

This information is kept confidential and accessibility is strictly limited to individuals on a relevant basis.

GENDER

What is your sex?

Female Male Other

DISABILITY

The Equality Act 2010 defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as set out under the Equality Act 2010?

Yes No

ETHNIC BACKGROUND

Which of these ethnic groups do you identify with?

Black/African/Caribbean/Black UK:

African Caribbean Any other Black/African/Caribbean background

Any other Black/African/Caribbean ethnic group: _____

Asian/Asian UK:

Indian Pakistani Bangladeshi Chinese

Any other Asian background: _____

White:

English/Scottish/Welsh/Northern Irish/UK Irish Gypsy or Irish Traveller

Any other white background: _____

Other ethnic group:

Arab

AGE

What is your age group?

15-19 years 20-24 years 25-34 years 35-44 years 45-54 years 55-64 years

over 65 years

RELIGION OR BELIEF

What is your religion or belief?

No religion Christian Buddhist Hindu Jewish

Muslim Sikh Other religion Prefer not to say

Leicester
LE2 0TD

39-45 Sparkenhoe Street

Telephone: 0116 251 4747
shama_womens_centre@hotmail.com
www.shamawomenscentre.co.uk

 **Shama** women's centre
educational, social and wellbeing services

SEXUAL ORIENTATION

What is your sexual orientation?

- Towards someone of the same sex (this covers gay men and lesbians)
- Towards someone of a different sex (this covers heterosexual men and women)
- Towards someone of the same sex and of the opposite sex (this covers bisexual men and women)
- Prefer not to say

CARING RESPONSIBILITIES

(Only for use by projects where this is relevant)

Do you consider yourself to have caring responsibilities?

Yes No

DO YOU HAVE ANY CRIMINAL CONVICTIONS, CAUTIONS OR PENDING PROSECUTIONS?

Yes No

DATA PROTECTION ACT 1998

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems under the Data Protection Act 1998.

Signed: _____ Date: _____

**PLEASE RETURN THIS FORM WITH
YOUR APPLICATION TO:**

Sumeya Daud
Volunteer Coordinator
Shama Women’s Centre
39-45 Sparkenhoe Street
Leicester LE2 0TD