

## VOLUNTEER APPLICATION FORM

Please read the job description and/or other information prior to filling in the form.

Please return this form to Beena Solanki at the Shama Women's Centre or email to [volunteering@shamawomenscentre.co.uk](mailto:volunteering@shamawomenscentre.co.uk)

**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"/>

**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

**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?  
DATA PROTECTION ACT 1998**

Yes  No

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:**

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