



# Volunteer Application Form

Thank you for offering to volunteer at Helping Hands community project. Please fill in the form as best you can. The information we gather and hold is managed in accordance with the Data Protection Act (1998). We will not disclose or share personal information supplied by you with any third party organisation without your consent.

## Personal Details

**Title: Mr/Mrs/Miss/Ms/Other (please state)..... Male/Female (please circle)**  
**First Name(s):..... Surname: .....**  
**Known as (if different from first name): .....**  
**Home Address: .....**  
**.....Postcode: .....**  
**Telephone No: .....Mobile: .....**  
**Email: ..... Date of Birth: .....**

## When are you available to volunteer? (days and times)

.....

## Emergency Contact Details

### Who should we contact in an emergency?

**First Name(s):..... Surname: .....**  
**Home Address: .....**  
**.....Postcode: .....**  
**Telephone No: .....Mobile: .....**  
**Relationship to you .....**

(NB. Please ensure you have this person's permission for us to hold their contact details. This information will be held by the Project Co-ordinator and will only be used in case of an emergency. Please provide at least one phone number for your emergency contact)

## Health and Support

Do you have a disability or health condition that we should be aware of so we can plan your work with you and ensure we know what to do in an emergency? (e.g. epilepsy, back problems, asthma, allergies, etc.)  **Yes**  **No**

**If yes, please provide details of condition:**

.....  
.....

**Are there any specific actions to take in an emergency?.....**

.....  
.....  
.....

## Criminal Records

Have you ever been convicted of a criminal offence? (You do not need to disclose convictions deemed as 'spent' under the Rehabilitation of Offenders Act 1974)  **Yes**  **No**

With some exceptions, having a criminal record will not necessarily bar an individual from volunteering with us. This will depend on the nature of the role sought and the circumstances and background of the offences.

**If you answered 'Yes' to the above, please give your name and details of all offences, penalties and/or police enquiries and dates on a separate sheet of paper, in a sealed envelope, marked 'confidential', for the attention of Lianne Kirkman, Volunteer Coordinator and please send to Helping Hands Community Project, 12 Gloucester Street, Leamington Spa, CV31 1EE**

## Where did you hear about volunteering opportunities with Helping Hands?

- Facebook, Twitter
- www.helpinghands.buzzitmedia.com
- Event at .....
- Media (please give details) .....
- Conversation with in-store Pre-Loved staff
- Word of mouth
- Other (please give details) .....

## Which area(s) of volunteering are you interested in:

- Working in the Pre-Loved Store  
Working in the shop stock room sorting and preparing shop stock
- Administration
- Fundraising
- Soup Kitchen – Serving food/Engaging with service users
- Soup Kitchen Cook/Food Preparation – Do you have a food Hygiene Certificate Yes  No
- Driving-Collecting Donations/Delivering  
Warehouse stock/Donation Sorting
- Gardening/DIY in Referral Homes

## References

In order to protect the interests of Helping Hands Community Project, please give the names, addresses and contact telephone numbers of two people (not personal friends or relatives) who have known you ideally for at least two years. If possible, these should be your past employers, a teacher, tutor or social worker, or you can ask the shop manager who it would be best to name.

### Reference 1)

**Name:** .....

**Address:** .....

**Tel:** ..... **Email:** .....

**How do you know them?** .....

### Reference 2)

**Name:** .....

**Address:** .....

**Tel:** ..... **Email:** .....

**How do you know them?** .....

**Please provide any additional information about relevant skills and previous experiences which will support your Volunteer Application to work with Helping Hands Community Project**

**Personal Declaration**

In signing this form I understand and agree that data contained in this registration form will be used for volunteer registration purposes and will be held on a computer database. I also agree to Helping Hands Community Project holding this form in paper format in a secure area.

I confirm that the information I have given is true and that if any statements I have given are not true, or if I have missed out any important information, my volunteering placement could be stopped.

**Signed:** .....**Print Name:**.....

**Date:** .....

**Equal Opportunities Form**

<b>Volunteer's First Name:</b>	
<b>Volunteer's Surname:</b>	
<b>Date:</b>	

**CONFIDENTIAL: Equal opportunities monitoring**

You do not have to complete this form, but if you would like to do so, the information would be very helpful to us. The information will only be used to provide us with statistics for our volunteer recruitment.

*Please tick the boxes that apply to you.*

**How would you describe your religion or belief?**

- Christian, Are you Practising? If so, Please state which church you attend.....
- Buddhist             Hindu                             Jewish                             Muslim                             Sikh
- Any other religion    None                             Prefer not to say

**Do you have a disability?**

- Yes                             No

**How would you describe your cultural or ethnic origin?**

A. White

- British                             Welsh                             English                             Irish
- Scottish                             Northern Irish                             Gypsy/traveller                             Any other

B. Mixed

- White & Black Caribbean                             White & Asian                             White & Black African
- Any other mixed background

C. Asian/Asian British/Asian English/Asian Scottish/Asian Welsh

- Indian                             Pakistani                             Bangladeshi
- Chinese                             Any other Asian background

D. Black/Black British/Black English/Black Scottish/Black Welsh

- Caribbean                             African                             Any other black background

E. Other ethnic group

- Arab                             Any other ethnic background

*For volunteers 16 years and over only:*

**How would you describe your sexual orientation?**

- Bisexual                             Homosexual
- Heterosexual/Straight                             Prefer not to say                             Other

**THANK YOU FOR PROVIDING THIS INFORMATION**

**Please return your completed form to:**

Helping Hands Community Project  
 12 Gloucester Street  
 Leamington Spa  
 CV31 1EE  
 Registered Charity 277354

