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STON WOMEN'S MULTICULTURAL RESOURCE CENTRE

VOLUNTEER APPLICATION FORM

Before you complete this form, please read the accompanying notes:

1

FIRST NAME (S):
SURNAME/FAMILY NAME:
TITLE (Miss/Ms/Mrs):

2

ADDRESS:	
TELEPHONE NUMBER	

3

DATE OF BIRTH:	
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	Interested in?
Advice	Yes/No/Maybe
Assisting clients to complete forms	Yes/No/Maybe
Reception	Yes/No/Maybe
Office Administration	Yes/No/Maybe
Arts and Crafts	Yes/No/Maybe
Childcare (Stay and Play)	Yes/No/Maybe
Community Ambassador	Yes/No Maybe
IT Learner Support	Yes/No/Maybe
IT Technical Support	Yes/No/Maybe
ESOL Learner Support	Yes/No Maybe
Homework Club Activities	Yes/No/Maybe
Organising events	Yes/No/Maybe
Gardening	Yes/No/Maybe
Caretaking	Yes/No/Maybe
Leaflet Drop	Yes/No/Maybe
Marketing/Promoting	Yes/No/Maybe
Interpreting	Yes/No/Maybe

5

Describe any skills/training/qualifications that you have which could be useful for the work you wish to apply for. All sorts of skills and work experience are useful e.g. speaking and writing languages other than English, sign language, interviewing, filing, using a calculator, dealing with people on the telephone, typing, computer skills etc.

formal community activities/voluntary work you have
now that may be relevant to your application.

7

What do you think are some of the main problems facing your community?

8

Why do you want to be a volunteer for NWMRC?

ADDITIONAL INFORMATION

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... to know when you would like to work at NWMRC

DAY	AM	PM	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Please tell us below how you found out about voluntary work at NWMRC by ticking one of the following: -

- Word of Mouth
- Newsletter/Publicity Materials
- Other Organisations/Centres
- Other (please specify) _____

Is there anything else you would like us to know which could affect your ability or availability to be a volunteer (e.g. disability or special needs)?

GENERAL INFORMATION

Have you volunteered before?

Yes No If Yes what was the duration of your project?

- Short-term (less than two weeks)
- One off (one day)
- Long term
- Many projects

What do you expect from the Centre?

- Learn new skills
- Improve self-confidence
- Improve CV
- Socialising
- Meet new people and make new friends
- Work Experience
- Other (please specify) _____



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MONITORING INFORMATION

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The NWMR Centre aims to provide equal opportunities and fair treatment for all people applying to be volunteer workers, regardless of race, sex, and disability.

The Service is also committed to ensuring that the Centre workers reflect the community that they serve. In order to monitor the effectiveness of the Equal Opportunities Policies, we would be grateful if you would complete this monitoring form.

We assure you that:

- The information from the application form is confidential and will only be used for statistics.
- Should you choose not to complete this section, this will not affect your application.

DATA PROTECTION ACT 1998

As part of the recruitment procedure we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for up to a year after the date on which it is submitted. Any information of this nature will be treated confidentially.

Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sexual orientation, offences and/or convictions.

I declare the information given on this form is correct to the best of my knowledge and acknowledge that by signing this form I have given consent to sensitive personal information being recorded and stored.

Signature..... **Date**.....

(Continued overleaf)



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MALE

2 Please indicate your age group.

- | | | | |
|----------|--------------------------|---------|--------------------------|
| Under 25 | <input type="checkbox"/> | 45 . 59 | <input type="checkbox"/> |
| 25 . 34 | <input type="checkbox"/> | 60 . 64 | <input type="checkbox"/> |
| 35 . 44 | <input type="checkbox"/> | 65+ | <input type="checkbox"/> |

3 Please indicate which ethnic group you belong to (N.B. these categories are recommended by the Commission for Racial Equality)

- | | | | |
|---|--------------------------|-----------------------------------|--------------------------|
| A. White | <input type="checkbox"/> | F. Indian | <input type="checkbox"/> |
| B. Irish (white) | <input type="checkbox"/> | G. Pakistani | <input type="checkbox"/> |
| C. Black Caribbean | <input type="checkbox"/> | H. Bangladeshi | <input type="checkbox"/> |
| D. Black African | <input type="checkbox"/> | I. Chinese | <input type="checkbox"/> |
| E. Black Other (please specify) ò ò ò ò | | Z. Other (please specify) ò ò ò . | |

4 Would you describe yourself as having a disability? YES/NO

Are you registered disabled? YES/NO

Would you like to make any comments about our monitoring form?

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