

Volunteer Application Form

This application lets us know more about you and what kind of tasks you would like to undertake as a volunteer. We will endeavour to find you a suitable role, but it may not always be possible. If you have any questions about your application, feel free to email manager@revelationashford.co.uk and we'll be happy to help.

1. Your details (fields marked with * are required):

First Name*	
Last Name*	
Telephone (main contact)*	
Mobile (if different from above)	
Home address*	
Postcode*	
Email address*	

2. We may be able to make provision if you have any access requirements. Please give details:

Not Applicable

Further details

3. Volunteer role you are applying for (if you're not responding to specific role we've advertised, tell us the type of role you are interested in):

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4. What do you hope to gain from this opportunity and what experience or skills can you bring to the role?

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5. Please use this space for any other information you feel may be relevant:

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6. Please select all of the days and times of the week you are generally free:

<input type="checkbox"/>	Monday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
<input type="checkbox"/>	Friday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening

7. Do you have any other comments on your availability?

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8. Do you have a current UK driving licence?

Yes
 No

9. Are you over 18?

Yes
 No

10. Please supply details for two referees. We may ask them about your personal and professional qualities.

Referee 1	
Name:	
Address:	
Phone:	
Email:	
Relationship to you:	

Referee 2	
Name:	
Address:	

Phone:	
Email:	
Relationship to you:	

11. Please supply details for an emergency contact.

Name:	
Address:	
Phone:	
Email:	
Relationship to you:	

12. Declaration*

I confirm that to the best of my knowledge, the information that I have given in support of my application is correct and understand that any misleading statement or deliberate omission could result in my application not being accepted.

I hereby consent to the processing of sensitive personal data, as defined in the Data Protection Act 1998, involved in the consideration of this application.

Name	
Date	

Equal Opportunities Monitoring

This information is discretionary but helps us to ensure we provide opportunities to a diverse range of people.

1. Gender:

- Female
- Male
- Other
- Prefer not to say

2. Sexual Orientation:

- Lesbian/Gay
- Bi-Sexual
- Heterosexual
- Prefer not to say

3. Ethnic Origin (relates to a sense of identity/belonging on the basis of race/culture):

- White British
- White Irish
- Any other White background
- White and Black Caribbean
- White and Black African
- White and Asian
- Caribbean
- African
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Prefer Not to Say
- Any other ethnic group (please specify)

4. Religion:

- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Christian (including all Christian denominations)
- Atheist
- Agnostic
- Prefer not to say

5. Age (We currently accept applications from anyone over 16):

- 16-17
- 18-24
- 25-34
- 35-44

- 45-54
- 55-64
- 65+
- Prefer not to say

6. Do you have a disability?

- Yes
- No
- Prefer not to say