

VOLUNTEER APPLICATION FORM

Full Name

Date of Birth

Email

Phone

Address

In what areas are you interested in volunteering?

Admin Support	
Fundraising	
Awareness Campaigns	
Peer Support	
Accounting	
Counseling	
Welfare Advisor	
IT (Graphic Design, Web Administrator etc)	
Other (please state)	

SKILLS AUDIT

Please tick the skills applicable to you or add in spaces provided

Verbal/Written Communication		Computer skills	
Good Listening		Research	
INTERPERSONAL SKILLS		OTHERS	
Self-motivation		Decision making	
Leadership		Creative writing	
Action planning		Social media	
Event planning/organising		Negotiating	
Time management		Photography/Videographer	
Teamwork			

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Experience

What would you like to achieve through your voluntary work?

Please tick what you hope to gain in volunteering with SJSUK or add in the spaces provided:

Direct work related experience	<input type="checkbox"/>	Take on new challenge	<input type="checkbox"/>
Access training	<input type="checkbox"/>	Help other people	<input type="checkbox"/>
Learn new skills	<input type="checkbox"/>	Improve your employability	<input type="checkbox"/>
Enhance your CV	<input type="checkbox"/>	Meet like-minded people	<input type="checkbox"/>
Make new contacts/networks	<input type="checkbox"/>	Matches your beliefs	<input type="checkbox"/>

Is there anything else you would like to share such as suggestions or ideas that could improve/promote the activities of SJS Awareness UK?

Do you have any medical/health issues or support needs? Please tick

YES NO

If YES please give details

When are you available for voluntary work?

Please tick availability:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Is there anything else you would like to share such as suggestions or ideas that could improve/promote the activities of SJSUK?

REFERENCES

Please give us the names of two people who know you well but are not related to you and whom we can contact for a reference for at least 6 months:

Name:	
Email:	
Tel No:	
Occupation:	
Relation to Applicant:	

Name:	
Email:	
Tel No:	
Occupation:	
Relation to Applicant:	

Sign:

Date:

VOLUNTEER EQUALITY AND DIVERSITY MONITORING FORM

Age

What age group do you belong?

18-25 26-35 36-45 46-55
Over 56 Prefer not to say

Gender

Male Female

Have you ever identified as being transgender?

Yes No

DISABILITY

Under the Equality Act 2010 a disability is described as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? Yes No

Please give us details of your disability and what support you require:

SJS AWARENESS UK



ETHNICITY

White

- White Scottish White British
White Irish White other

Asia, Asian Scottish, Asian British

- Indian Pakistani
Bangladeshi Chinese

Any other Asian Background, please write here: _____

Black, Black Scottish, Black British

- Caribbean African

Any other Black Background, please write here: _____

Mixed

Any other mixed background, please write here: _____

Other

Other ethnic background, please write here: _____

I choose not to disclose

RELIGION, RELIGIOUS BELIEF OR SIMILAR PHILOSOPHICAL BELIEF

Do you identify with any of the following belief systems?

- Church of England
- Roman Catholic
- Other Christian
- Buddhist
- Hindu
- Muslim
- Jewish
- Sikh
- None
- Choose not to disclose

Other Religion, religious belief or similar philosophical belief, please write here:
