

**CANTERBURY UMBRELLA**

**VOLUNTEER APPLICATION FORM**

Title: Miss  Ms  Mrs  Mr  Date.....

**Please tick appropriate**

First Name ..... Surname.....

Address .....

.....

Post Code ..... Telephone Number .....

Do you drive your own car? Yes  No

1. I would like to volunteer to help in:

.....

2. I do not have any specific idea of where I would like to help.

3. I have been referred by

.....

Emergency Contact

Please give the name of someone we could contact in case of an emergency

Name .....Telephone Number .....

Address .....

**References**

As most of our services entail working with vulnerable and older people, we take up references on all volunteers. Please give the name and address of two people who have known you for at least two years and are willing to give you a reference.

These **must not be a relative or partner** and, if possible one should be a professional person: for instance, a present or former employer, local government office, parish priest, or someone for whom you have previously worked in a voluntary capacity.

**(At least one reference must be from someone residing in the UK or ROI)**

Reference 1.

First Name ..... Surname.....

Address

.....  
.....

Reference 2.

First Name ..... Surname.....

Address

.....  
.....

You signature..... Date .....

**DECLARATION**

I Declare **I have been** convicted of a criminal offence


I Declare **I have not been** convicted of a criminal offence

**Having a previous conviction may not mean you will be turned down but we do ask you to enclose details in a sealed envelope and all information will be treated in accordance with our Confidentiality Policy. (You are advised, before answering, to refer to the Rehabilitation of Offenders Act 1974, as amended)**

Signed..... Date.....

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I have completed this form to the best of my ability and on the understanding that it will be used, IN CONFIDENCE only for the purpose of my application to become a volunteer for Canterbury Umbrella and that any information stored on a database will be used only in accordance with the Confidentiality Policy of Canterbury Umbrella.

**Please tick if you do not wish to receive mailing**

Signed..... Date.....

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**Medial History.**

As you will be working with vulnerable adult is important we are made aware of any medical conditions that could affect your role as a volunteer

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.....

Signed..... Date.....

The following information is **not obligatory** and for statistical purposes only. It will be treated in the STRICTEST CONFIDENCE. Thank you for your co-operation.

## Equal Opportunities Monitoring Form

The Equal Opportunities Policy of Canterbury Umbrella States we will not unjustifiably discriminate against anyone on the grounds of age, race, colour, nationality, religion, gender, disability, sexual orientation and marital status. In order that we can measure the impact of this policy, and continue to develop relevant personal policies. Would you please complete this form.

The information on this page is confidential and will be used for the monitoring purposes only and will not be available for persons short-listing or interviewing.

Name (optional).....

Post Applied for.....

Male/Female.....

Date of Birth.....

### Nationality

White British		Bangladeshi	
White European		Chinese	
Other White		Other Asian	
Black British		Mixed British	
Black Caribbean		Mixed Caribbean	
Black African		Mixed African	
Other Black		Other Mixed	
British Asian		Other Ethnic	
Indian		Prefer not to specify	
Pakistani			

With a Disability (Registered)

Without a Disability (Unregistered)

How did you find out about this post? Please state the source of the advertisement.

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**All data provided is covered under The Data Protection 1998**