* + 1. ** Volunteer Application Form**

Form VOLAPP1

Ensure you have read the full Role Description before completing this application form.

Please send any enquiries and your completed form to Maria Hegarty, Volunteers Coordinator at maria-hegarty@together-uk.org.

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| **Your Personal Details** | |
| Ms/Miss/Mrs/Mr/other  Surname: |  |
| Forename(s): |  |
| Preferred pronouns: |  |
| Address (including post code): |  |
| Home phone number: |  |
| Mobile number: |  |
| Email address: |  |
| Contact in Emergency: Name:  Tel No:  *(this information is optional)* |  |

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| Please tell us why you would like to volunteer for Together for Mental Wellbeing: |

You are applying for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Helpline Volunteer**  At The Southwark Wellbeing Hub |  | **1-to-1 Wellbeing Volunteer** |  | **Workshop Chair Volunteer** |  |

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| Please tell us, in as much detail, why you are suitable for this role. Give evidence and examples of how you meet the *required knowledge and experience* section of the role description, and how you will apply your skills to the key tasks of this role. |

Please give your availability for a regular volunteering shift.

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| --- | --- | --- | --- |
|  | Morning | Afternoon | Evening |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

Any additional comments about your availability

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| **Your References** | |
| Please give the details of two people who we can contact for a reference. If possible please provide at least one referee who knows you in a professional capacity, i.e. an employer, supervisor, tutor, support worker. The other reference may be from someone who knows you well, for example a friend, neighbor, or community member.  For expediency, please inform your referees of this request. | |
| Name: | Name: |
| Relationship: | Relationship: |
| Address: | Address: |
| Telephone: | Telephone: |
| E-mail: | E-mail: |
| Please indicate if we may contact the referee before our first informal meeting:  Yes: No: | Please indicate if we may contact the referee before our first informal meeting:  Yes: No: |
| Applicants signature | Applicants signature: |
| Disclosure and Barring Service (**DBS**) | | |
| Successful applicants **are** subject to an enhanced DBS check against the barred lists if their work involves carrying out certain activities for children and adults. This will include details of cautions, reprimands or final warnings, as well as convictions.  Due to the nature of the post for which you are applying, it is regarded as ‘exempt’ from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the (Amendment) Order 2001. As a result, successful applicants are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act and, in the event of employment; any failure to disclose such convictions could lead to dismissal or disciplinary action by the employer.  If you are offered a volunteering role, prior to you undertaking that role, if applicable you will be asked to complete a criminal record declaration. Any information given will be treated as confidential and the declaration of a criminal record will not necessarily prevent your offer from being confirmed.  To find out more, visit <https://www.gov.uk/government/organisations/disclosure-and-barring-service>. | | |

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| **Data Protection**  Together takes our responsibility to look after volunteers’ personal information seriously. We will respect your privacy and follow the principles of the Data Protection Act when handling information about you. We will only ask for relevant and necessary information from you, will keep it securely, limit access to it and will not pass on information without your consent, unless we are legally obliged to. Please read and sign the following statement, so that we have your permission to hold information about you at Together.  *I understand and agree that:*   1. *Information that I have given to Together about myself may be stored, in manual or electronic form and used by Together and/or carefully vetted third parties who may process personal data on behalf of Together in connection with the work of the organisation*   Question for VDG – is this applicable for volunteers with regards to being used by third parties? |
| Signed: ………………………………………………………………  Date: ………………………….. |

**Diversity Monitoring Information**

We ask our staff, volunteers and service users to complete our Diversity Monitoring Form to enable us to monitor the effectiveness of our approach to equality and diversity and therefore ensure that we deliver the best possible service outcomes.

Information that you provide will be used solely to help us monitor our performance. In accordance with the Data Protection Act, all information will be treated in the strictest confidence.

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| **What gender are you?** | |
| Male | Prefer to use my own term (write below) |
| Female | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Is your gender identity the same as the gender you were assigned at birth?** | |
| Yes | Do not wish to answer |
| No |  |

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| --- | --- |
| **What is your age?** | |
|  | Do not wish to answer |

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| **How would you describe your faith / belief / religion?** | |
| No religion  Christian  (including CofE, Catholic, Protestant and all other Christian denominations)  Buddhist  Hindu | Jewish  Muslim  Sikh  Do not wish to answer  Other (write below)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **What is your sexual orientation? (*Categories suggested by Stonewall*)** | |
| Bisexual | Lesbian / gay woman |
| Gay man | Do not wish to answer |
| Heterosexual / straight | Prefer to use my own term (write below) |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **How do you describe your ethnic origin? (Categories from the Office of National Statistics)**  Choose **one** section from A to F, then tick **one** box to best describe your ethnic group or background | |
| **A White** | **B Mixed / multiple ethnic groups** |
| English / Welsh / Scottish / Northern  Irish / British  Irish  Gypsy or Irish Traveller  Any other white background (write below)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | White and Black Caribbean  White and Black African  White and Asian  Any other Mixed / multiple ethnic  background (write below)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **C Asian / Asian British** | **D Black / African / Caribbean / Black British** |
| Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background (write below)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | African  Caribbean  Any other Black / African / Caribbean  background (write below)     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **E Other ethnic group** | **F Undisclosed** |
| Arab  Any other ethnic group (write below)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Do not wish to answer |

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| **Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?** **You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.** | |
| Yes | Do not wish to answer |
| No |  |

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| **If yes, please select the type of impairment that applies to you (you may select more than one): *(Categories suggested by Employers Forum on Disability)*** | |
| Hearing Impairment  Facial Disfigurement | Learning Difficulties – *where a person learns in a different way, i.e. someone who is dyslexic* |
| Mental Ill health | Progressive Conditions |
| Visual Impairment | Other (write below) |
| Mobility  Manual Dexterity  Speech Impairment | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

It is crucial to our business that we are able to provide up-to-date monitoring data when we compete for contracts and applications for funding. The data you provide will be treated confidentially and will only be used to produce general statistical data about Together and its staff.