Highway Hope , 1 Matthews Lane, M12 4QW

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| **Volunteer Information** | | | | | | | | | | |
| **Full Name** | | **Title  (Mr, Mrs, Ms, Dr, Other)** | | | | | | | **Mobile No.** | |
| **Address:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | **Postcode** | | |  | | |
| **Please circle your age** | Under 18 | | 18-25 | 25-40 | | 41-59 | 60-75 | | | 76+ |
| **Please state your age if under 18 years:** | | | | | | | | | | |

Please complete this form and send it back as soon as possible, to allow us to arrange an interview.

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| **Please indicate with a tick the type of voluntary work in which you are interested (Some areas are very popular - so it is best to tick a few options)** | | | |
| * Arts & Crafts |  | * Graphic designs |  |
| * Bead Making |  | * Health Education &Checks |  |
| * Book keeping |  | * Life Long Learning |  |
| * Cafe |  | * Man & Van Services |  |
| * Charity Shop |  | * Mental Health counseling & support |  |
| * Clerical |  | * Music School |  |
| * Community Events |  | * Online Marketing |  |
| * Community Reporting |  | * Reception |  |
| * Decorating/DIY |  | * Social Media – FB, Twitter, Instagram mgt |  |
| * Driving |  | * The CHIPS Night- A weekly Dinner Club, serving Healthy meals |  |
| * Fitness & Exercise |  | * Tuition Classes & Supplementary School |  |
| * Food Shop |  | * Website Management |  |
| * Fund raising |  |  |  |
| * Furniture Shop |  |  |  |
| * Gardening |  |  |  |
| Any further comments related to chosen areas to volunteer | | | |

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| **Employment Status** |  | **Please state your working hours** |  |
| If working please state your occupation | |  | |
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| **Experience**: Please write below any voluntary work or relevant experience you may have. |
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| **Health:** How would you describe your health? | | | | | |
| Good |  | Fair |  | Poor |  |
| Please tell us about any disabilities which may affect your volunteer placement | | | | | |
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| **Skills:** Do you have any specialist skills, interesting hobbies which may be of use in Highway Hope.   e.g. Baking, Woodworking, Crafts, Playing the Piano, Singing, 1st Aid, Foreign Languages (non- English) spoken or written. |
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| **Why do you wish to volunteer at Highway Hope?** |
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| **How did you hear about volunteering for us?** |
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| **References**  Please provide us with two referees who have known you for at least five years whom we may contact. **Note** Referees should not be a family member, employees or volunteers currently working for Highway Hope | | | | | | | |
| Title (Mrs, Mrs, Ms, Dr) |  | Full name | |  | | | |
| Relationship |  | | Contact Number | |  | | |
| Address | | | | | | | |
|  | | | | | | Postcode |  |

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| Title (Mrs, Mrs, Ms, Dr) |  | Full name | |  | | | |
| Relationship |  | | Contact Number | |  | | |
| Address | | | | | | | |
|  | | | | | | Postcode |  |

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| **Please ensure you ask permission from these referees beforehand.** |

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| **Criminal Convictions:**  Owing to the vulnerability of some people using the centre , it is necessary for yu to disclose any criminal convictions. | | |
| Have you been convicted of any offence at any time? | |  |
| If yes please give details |  | |
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**Name Signature Date**

**Equal Opportunities Form**

We are very keen to draw on a genuine cross-section of the local community. Please complete the Equal Opportunities form, this allows Highway Hope to monitor this program.

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| **Are you a British Citizen or an EU national?** | Yes | No |
| **If no: Do you have evidence of entitlement to enter and work in the UK** | Yes | No |

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| **If no: what is our immigration status?** |  |

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| **If no: How would you describe yourself?** | **Student** | **Visitor** | **Subject to Permit** |

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| **Male** |  | **Female** |  |
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| **Asian** | **Bangladeshi** |
| **Black (African)** | **Black (Caribbean)** |
| **Black (Other)** | **Chinese** |
| **Indian** | **Pakistani** |
| **White** | **Other** |

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| **Official Notes**  **Date Received -**  **Documents Received -**  **Directorate-** |