**Application for Volunteering**

Please return this form to:

Martin House, Grove Road, Boston Spa, Wetherby, LS23 6TX

Tel: 01937 845045

Email: volunteering@martinhouse.org.uk

Please contact us if you require this form in an alternative format.

**This form must be completed in full in order for your application to be considered.**

1. **Personal details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forename(s)** | | **Surname** | | |
|  | |  | | |
| **Preferred Name(s)** | | **Preferred Pronoun** | | |
|  | |  | | |
| **Contact Details** | | | **Emergency Contact** | |
| **Address:**  **Postcode:**  **Tel:**  **Email:** | | | **Name:**  **Relationship:**  **Address:**  **Tel:** | |
| **How did you hear about volunteering with us?** | | | | |
| Website | Word of Mouth | Social Media | | Charity Shop |
| Other (Please state) | | | | |

1. **Volunteering area(s) of interest**

Please indicate below the area(s) of volunteering work you would like to apply for.

(Volunteers must be over 18 unless volunteering in one of our shops, where we accept applications from children and young people over 14).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Retail (Shops)** | | | | | |
| Acomb | Harrogate | | | Knaresborough | Skipton |
| Boston Spa | Headingley | | | Ripon | Wetherby |
| Garforth | Ilkley | | | Selby | Yeadon |
| **Retail (Other)** | | | | | |
| Thorp Arch Furniture Showroom | | | | eBay | |
| **Driving/Driver’s Mate** | | | | | |
| Retail | | | | Events/Regional Fundraising | |
| **Volunteering at the Hospice** | | | | | |
| Kitchen (assisting our chef) | | | | Maintenance (gardens) | |
| Housekeeping (laundry) | | | | Administration | |
| **Regional Fundraising** | | | | | |
| Friends Group Member | | | | Collection Tin Coordinator | |
| Community Ambassador | | | | Project Coordinator | |
| **Events** | | | | | |
| Marshalling/Distributing Leaflets | | | | Publicity/Sales Stand | |
| **Do you have a current driving licence? (If yes, please give details of  any points)** | | Yes  No |  | | |

1. **Reason for applying**

|  |
| --- |
| **Why do you wish to volunteer with Martin House?** |
|  |

1. **Previous Volunteering**

No previous volunteering experience is necessary, however if you have volunteered elsewhere or have skills you may be able to bring in this context, then please complete the below.

|  |
| --- |
| **Role/organisation/skills** |
|  |
| **Role/organisation/skills** |
|  |

1. **Commitment**

Ideally we need volunteers who are able to give us a regular weekly commitment (with the exception of Regional and Events volunteering). Please indicate your availability below.

|  |  |
| --- | --- |
| **Monday am** | **Monday pm** |
| **Tuesday am** | **Tuesday pm** |
| **Wednesday am** | **Wednesday pm** |
| **Thursday am** | **Thursday pm** |
| **Friday am** | **Friday pm** |
| **Saturday am** | **Saturday pm** |
| **Sunday am** | **Sunday pm** |

1. **Youth Volunteering**

If you are under 18 years of age, we will ask your parent/guardian to complete paperwork to give their consent for you to volunteer. For insurance purposes we cannot accept volunteers under 14.

Please indicate below.

|  |  |
| --- | --- |
| **Helping in one of our shops** | **I confirm I am over the age of 14** |
| **Supporting with events** | **I confirm I am over the age of 16** |
| **All other volunteering roles** | **I confirm I am over the age of 18** |

1. **Additional details**

|  |
| --- |
| **Language skills**  **Do you speak, write or use any language other than English?** |
| Speak: |
| Write: |
| Use: |

1. **References**

|  |  |
| --- | --- |
| **Please give the details of two people who are available to give character references. For example, a previous employer, neighbour, or family friend (but not an immediate family member).** | |
| Name:  Address:  Tel:  Email: | Name:  Address:  Tel:  Email: |

1. **Declaration**

|  |  |
| --- | --- |
| **The Rehabilitation of Offenders Act 1974** | |
| By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access of persons in receipt of such services in the course of his/her normal duties.  If the role you are applying for does **NOT** involve working with children or vulnerable adults, please complete **Section A**. If the role you are applying for involves working with children or vulnerable adults, please complete **Section B.** | |
| **Section A** | |
| **Have you ever been convicted of a criminal offence in the UK or any other country?** (You do not need to disclose convictions deemed as ‘Spent’ under the Rehabilitation of Offenders legislation)  If YES, please give details: | Yes  No |
| **Section B** | |
| **Have you ever been convicted of a criminal offence in the UK or any other country?**  If YES, please give details: | Yes  No |
| **Are you the subject of any police investigation or prosecution?**  If YES, please give details: | Yes  No |
| **Are you, or have you ever been, the subject of any investigation or proceeding by any Professional Regulatory Body or any other organisation?**  If YES, please give details: | Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration and Consent** | | | | |
| I confirm that the information given on this form is true and complete to the best of my knowledge. I agree that any deliberately false or misleading information will be sufficient cause to reject my application, withdraw any offer made, or if employed to dismiss without notice. | | | | Yes  No |
| I am fit to carry out the duties of the position applied for. | | | | Yes  No |
| If required, I agree to give consent to approach my medical practitioner for a medical report, or to attend an Occupational Health Practitioner in order to confirm that I am fully fit and able to carry out the functions/duties intrinsic to the job and/or, where appropriate, provide assistance on whether any reasonable adjustments can be made | | | | Yes  No |
| If I am unsuccessful, the employer may process the information contained on this form in accordance with Data Protection Legislation. | | | | Yes  No |
| If I am unsuccessful, the employer may retain my details in accordance with Data Protection Legislation and may contact me should other vacancies arise that I may be more suitable for. | | | | Yes  No |
| I agree to my employer releasing information where appropriate in circumstances where the validation of the information given is required. | | | | Yes  No |
| **Signed** |  | **Date** |  | |

**10. Updates from Martin House**

Thank you for your continued interest in our work. We would welcome your future assistance and would like to send you updates about our latest work, appeals, forthcoming events, products and services so you can continue to support us and follow what we’re doing. Your support is invaluable to us. We will never share your personal information with third parties for marketing purposes.

You can opt out of receiving these updates by ticking the box below.

*I would like to opt out of receiving marketing updates from Martin House*

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**Equal Opportunities Monitoring Form**

We ask you to complete this form to assist us in monitoring our practice in recruitment only. This will be separated from your application on receipt by the HR Administrator and any shortlisting panel will not be allowed to see it. If you have an impairment or disability that might affect an interview with us, and you would like us to make some adjustment for you, you should inform us of this in the body of your application.

You are not obliged to complete this equal opportunities monitoring form, but we would respectfully ask that you do.

**Please place an ‘X’ in each section for the answer which best describes you.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | | | | | |
|  | Male |  | Female |  | Prefer not to say |
|  | Intersex |  | Non-binary |  | If you prefer to use your own term, please specify here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | | | | | |
|  | 16-24 |  | 25-29 |  | 30-34 |
|  | 35-39 |  | 40-44 |  | 45-49 |
|  | 50-54 |  | 55-59 |  | 60-64 |
|  | 65+ |  | Prefer not to say |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | | |
|  |  | **White** |  | **Tick** | **Mixed/Multiple ethnic groups** |
| **A** |  | English | **B** |  | White and Black Caribbean |
|  |  | Welsh |  |  | White and Black African |
|  |  | Scottish |  |  | White and Asian |
|  |  | Northern Irish |  |  | Prefer not to say |
|  |  | Irish |  |  | Any other mixed/multiple ethnic group, please specify here:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | British |  |  |  |
|  |  | Gypsy or Irish Traveller |  |  |  |
|  |  | Prefer not to say |  |  |  |
|  |  | Any other White background, please specify here: |  |  |  |
| **C** | **Tick** | **Asian/Asian British** | **D** | **Tick** | **Black/African/Caribbean/Black British** |
|  |  | Indian |  |  | African |
|  |  | Pakistani |  |  | Caribbean |
|  |  | Bangladeshi |  |  | Prefer not to say |
|  |  | Chinese |  |  | Any other Black/African/Caribbean background, please specify here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Prefer not to say |  |  |  |
|  |  | Any other Asian background, please specify here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **E** | **Tick** | **Other ethnic group** |  |  |  |
|  |  | Arab |  |  |  |
|  |  | Prefer not to say |  |  |  |
|  |  | Any other ethnic group, please specify here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you consider yourself to have a disability or health condition?** | | | | | |
|  | Yes |  | No |  | Prefer not to say |

If you answered yes to the above, what is the effect or impact of your disability or health condition on your ability to give your best at work? Please specify here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with HR, or the recruiting manager if you are a job applicant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What is your sexual orientation?** | | | | | |
|  | Heterosexual |  | Gay |  | Lesbian |
|  | Bisexual |  | If you prefer to use your own term, please specify here:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What is your religion or belief?** | | | | | |
|  | No religion or belief |  | Buddhist |  | Christian |
|  | Hindu |  | Jewish |  | Muslim |
|  | Sikh |  | Prefer not to say |  | If other religion or belief, please specify here:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Thank you for completing this form**