

MAXwell Centre Volunteer Application Form

Do you require any additional support from us to be able to volunteer?

References

It is our policy to ask for 2 references, which should not be a member of your family. Please discuss this with us if you have any questions.

Name	
Address	
How do they know you?	
Phone/Email	

Name	
Address	
How do they know you?	
Phone/ Email	

Person to Notify in Case of Emergency

Name	
Address	
Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Office use only:

Action	Date:	Action	Date:
References requested		PVG requested	
References received		PVG received	
		Induction	

Thank you for completing this application form and for your interest in volunteering with us.

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Contact Information

Name	
Address	
Home Phone	
Mobile	
E-Mail Address	

Availability

When would be the best time for you to volunteer?

- | | |
|---|---|
| <input type="checkbox"/> Monday morning | <input type="checkbox"/> Monday afternoons |
| <input type="checkbox"/> Tuesday mornings | <input type="checkbox"/> Tuesday afternoons |
| <input type="checkbox"/> Wednesday mornings | <input type="checkbox"/> Wednesday afternoons |
| <input type="checkbox"/> Thursday mornings | <input type="checkbox"/> Thursday afternoons |
| <input type="checkbox"/> Friday mornings | <input type="checkbox"/> Friday afternoons |

Interests

Please tell us in which areas you are interested in volunteering:

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Other (please specify): |

Skills, Qualifications, Interests, and Hobbies

Summarize skills, qualifications, interests or hobbies you have acquired from employment, volunteer work, or other activities, that you think would be useful for volunteering.

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Criminal Convictions

Have you ever been convicted of a criminal offence? Yes No

Answering 'yes' does not mean you will be unable to volunteer, please contact us to discuss this further.

Positions in the centre which involve working with vulnerable and young people will require a PVG check.

Volunteering

Why would you like to volunteer with us?

What do you hope to gain?

Do you have any training or development needs?

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Additional Information: Equal Opportunities Monitoring

It is the policy of this organization to provide equal opportunities without regard to ethnic origin, religion, gender, age, or disability. We ask you to tick the relevant boxes below to enable us to monitor our equal opportunities policy. This information is used for no other purpose and will be treated as confidential.

Gender

Female Male Prefer not to say

Age

What was your age on your last birthday? ____

Ethnic Origin

<input type="checkbox"/> Arab	<input type="checkbox"/> Black/Black British – African	<input type="checkbox"/> Other ethnic background
<input type="checkbox"/> Asian/Asian British – Bangladeshi	<input type="checkbox"/> Black/Black British – Caribbean	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Asian/Asian British – Indian	<input type="checkbox"/> Black/Black British – Other	<input type="checkbox"/> White – Other
<input type="checkbox"/> Asian/Asian British – Pakistani	<input type="checkbox"/> Chinese	<input type="checkbox"/> White – Scottish
<input type="checkbox"/> Asian/ Asian British – Other	<input type="checkbox"/> Mixed ethnic origin	

Disability

Do you have a disability or health problem?

<input type="checkbox"/> No known disability	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	<input type="checkbox"/> A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
<input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	<input type="checkbox"/> Deaf or serious hearing impairment
<input type="checkbox"/> A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	<input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses
<input type="checkbox"/> A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	<input type="checkbox"/> A disability, impairment or medical condition that is not listed above
<input type="checkbox"/> A mental health condition, such as depression, schizophrenia or anxiety disorder	

Religion

With what religion, religious denomination or body do you most identify?

<input type="checkbox"/> No religion	<input type="checkbox"/> Hindu	<input type="checkbox"/> Spiritual
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> Any other religion or belief
<input type="checkbox"/> Christian – Church of Scotland	<input type="checkbox"/> Muslim	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Christian – Roman Catholic	<input type="checkbox"/> Pagan	
<input type="checkbox"/> Christian – Other	<input type="checkbox"/> Sikh	

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