

Volunteer Application Form

Thank you for showing an interest in supporting My Route by volunteering. Please complete the following form after reading the volunteer briefs for each of our positions. If you would like to apply for more than one position, please fill out separate forms for each position you are applying for. All finished forms should be sent by email to katy@sampad.org.uk, with the title 'My Route Volunteer Application' in the title and an up to date CV.

1. Personal Details

First Name		Surname	
Gender			
Date of Birth			
Address			
Postcode			
Email Address			
Mobile Number			

2. About you

Which volunteer role do you wish to apply for?
Why do you want to volunteer for this role? <i>(max 100 words)</i>

What makes you suitable for this role? <i>(max 150 words)</i>
Have you volunteered for other projects before? (please give a brief description if yes).
Do you have any skills or qualifications you think we should know about?

3. Character Reference

Please complete the details below for someone we can contact for a character reference. They should have known you for 2 years, but should not be a member of your family.

Name		Surname	
How do you know them?			
Address			
Email address			
Phone number			

4. Emergency Contact

Please complete the following details for the person we should contact in case of an emergency.

First Name		Surname	
Relationship to you			
Telephone no.		Mobile no.	
Email			
Home address			

Please confirm the following;

- I am over 16 **or** have the permission of a parent/guardian to undertake this work
- I am willing to have a DBS check (if applicable)
- I have read the volunteer brief and understand what tasks I will be expected to complete

(See Equal Opportunities Monitoring section below)

Equal Opportunities Monitoring

sampad is committed to equal opportunities. The information you provide is in complete confidence and will be used only to monitor the operation of Equal Opportunities for the programme.

a. Tick one of the following boxes if you wish to declare a disability or long-term medical condition.

None	<input type="checkbox"/>	You have mobility difficulties or are a wheelchair user	<input type="checkbox"/>
You have a specific learning difficulty (e.g. dyslexia)	<input type="checkbox"/>	You need personal care support	<input type="checkbox"/>
You are blind or partially sighted	<input type="checkbox"/>	You are deaf or have a hearing impairment	<input type="checkbox"/>

If you answered yes to any of the above, what arrangements, if any would be needed?

White (other)	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
Black or Black British (Caribbean)	<input type="checkbox"/>	Mixed (White and Black Caribbean)	<input type="checkbox"/>
Black or Black British (African)	<input type="checkbox"/>	Mixed (White and Black African)	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>	Mixed (White and Asian)	<input type="checkbox"/>
Asian or Asian British (Indian)	<input type="checkbox"/>	Other ethnic background, please describe	<input type="checkbox"/>
Asian or Asian British (Pakistani)	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Asian or Asian British (Bangladeshi)	<input type="checkbox"/>	Information refused	<input type="checkbox"/>
Asian or Asian British (Chinese)	<input type="checkbox"/>		