

# VOLUNTEER APPLICATION FORM



## Stage 1

Have a look at the 'what we do' section of our website. Think about what kind of role you'd like and what area of our work interests you.

## Stage 2

Fill out the application form and return it

email to: [info@ashfordplace.org.uk](mailto:info@ashfordplace.org.uk) OR post to: Ashford Place, 60 Ashford Road, NW2 6TU

## Stage 3

We will invite you to visit us for an informal interview. You will have the opportunity to meet other volunteers, discuss the type of role you would like.

## Stage 4

If a role is available that will fit your needs and ours, you'll be offered a role. You'll have a 2 week trial to give you the opportunity to try the role out and see if it is right for you.

If you have any problem in completing this form, or would like it in larger print, please feel free to contact us on 020 8208 8590

Thank you for your interest in Volunteering with us.

Contact Details						
<b>Name</b>						
<b>Address</b>						
<b>Date of Birth</b>			<b>Tel/Mobile</b>			
<b>Email</b>			<b>National Insurance Number</b>			
Application Information						
<b>Are you applying for:      Volunteer      Mentor      Peer Support</b>						
<b>and/or what area of our work are you interested in?</b>						
<b>How many hours per week would you like to Volunteer?</b>						
<b>Your Availability (please tick as appropriate)</b>		am	pm		am	pm
	Monday	<input type="checkbox"/>	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<input type="checkbox"/>
	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>
	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	<input type="checkbox"/>
	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	Varies	<input type="checkbox"/>	

**Would your volunteer role be part of a training course or work placement scheme you are taking part in?**

Yes  No

If Yes, please give details

### Eligibility to Volunteer

Are You over 18?

Yes  No

Are you a UK Citizen?

Yes  No

If not, can you show evidence of eligibility to volunteer in the UK?

Yes  No

### About You

**Why do you want to Volunteer for us?**

**Are there any particular skills or experiences you would like to gain?**

**What do you do at the moment? Eg. Studying, Working, Looking for Work.**

**Please give FULL DETAILS of work (paid or unpaid) you have done in the last 5 years  
Alternatively, please include a CV with your application.**

**What do you like to do in your spare time?**

**What languages do you speak and at what level?**

## More About You

We work with customers who may have physical health, substance misuse or mental health issues. We have a responsibility to ensure that volunteers are safe in their roles and that volunteer roles do not jeopardise you or your recovery.

Answering 'Yes' to any of the following questions will not exclude you from volunteering with us, but will be taken into account for certain roles, avoiding conflicts of interest and ensuring you receive appropriate support whilst volunteering.

**Are you currently using, or have you previously used our services?**

Yes  No  If Yes, please give details

**Are you currently using, or have you previously used substance misuse services?**

Yes  No  If Yes, please give details

**Are you currently using, or have you previously used mental health services?**

Yes  No  If Yes, please give details

**Do you have any physical health problems, which may affect you whilst volunteering?**

Yes  No  If Yes, please give details

**Is there anything you may need additional support with whilst carrying out a volunteer role?**

We work with vulnerable adults and are therefore exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975. We therefore require that you declare all criminal convictions, including those which are spent.

**Do you have any spent or unspent convictions?**

Yes  No  If Yes, please give details

## References

Please provide details of 2 referees who know you well. One should be a previous employer, course tutor, etc; the other should be a person you have known for at least 2 years. None of the referees should be a relative. Referees will not be contacted unless we have offered you a volunteer position.

Name:

Address:

Contact No.

Their connection to you:

Name:

Address:

Contact No.

Their connection to you:

## Data Protection

At Ashford Place we value your support and promise to respect your privacy. Any information given on this form is confidential and covered by the 2016 General Data Protection Regulation **GDPR**. We will not disclose or share, personal information without your consent.

We would like to keep you informed about our vital work we do.

Please tick the box if you would like to sign up for our newsletter.

For more information on how and why we store data please see our transparency notice on the Ashford place website: [www.ashfordplace.org.uk/about-us/summary-transparency-notice](http://www.ashfordplace.org.uk/about-us/summary-transparency-notice)

## Declaration

I understand that the offer of any Volunteer role with Ashford Place is subject to satisfactory references and, where appropriate, a DBS check.

In accordance with the 2016 General data Protection Regulation. I recognise that Ashford Place will hold and use personal information about me for volunteer management purposes and to keep in touch with me. This information, including that contained on this form, may be stored in both computer and hard copy form. It will be held securely and only accessed by authorised personnel. This data will be retained while I am an active volunteer and 24 months thereafter. It will not be used for any other purpose or shared with any other entity without my further express consent.

I confirm that the information I have given is accurate.

Signature

Date

## Equal Opportunities Monitoring

**Our Volunteer recruitment processes are carried out in a way that ensures that individuals are selected purely on the basis of their ability to do the role for which they have applied. No volunteer will receive less favourable treatment on the grounds of sex, marital status, disability, race, ethnic origin, nationality, age, sexual orientation, religious belief or political opinion or be disadvantaged by conditions or requirements which are not justified or relevant to the role. We are committed to ensuring that every applicant applying for a volunteer role within our organisation is treated fairly. This information will be used purely for ensuring the effectiveness of our equal opportunities policy – and will be separated from your application form.**

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
Age Group	18-20 <input type="checkbox"/>	21-30 <input type="checkbox"/>	31-40 <input type="checkbox"/>
	41-50 <input type="checkbox"/>	51-60 <input type="checkbox"/>	Over 60 <input type="checkbox"/>
Ethnicity	Asian or Asian British - Bangladeshi <input type="checkbox"/>	Asian or Asian British - Indian <input type="checkbox"/>	Asian or Asian British - Other <input type="checkbox"/>
	Asian or Asian British - Pakistani <input type="checkbox"/>	Mixed - White and Black Caribbean <input type="checkbox"/>	Mixed - white & Asian <input type="checkbox"/>
	Mixed - other <input type="checkbox"/>	Other <input type="checkbox"/>	Black or black British - African <input type="checkbox"/>
			Black or black British - Caribbean <input type="checkbox"/>
			Black or black British - Other <input type="checkbox"/>
			Chinese <input type="checkbox"/>
			White British <input type="checkbox"/>
			White Irish <input type="checkbox"/>
			White European <input type="checkbox"/>
			White Other <input type="checkbox"/>
			Prefer not to say <input type="checkbox"/>
Sexuality	Heterosexual <input type="checkbox"/>	Lesbian / Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>
			Prefer not to say <input type="checkbox"/>
Are you registered disabled	Yes <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider yourself to have a disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
How did you hear about us?	Friend/ Relative <input type="checkbox"/>	Our Website <input type="checkbox"/>	Newspaper <input type="checkbox"/>
		Volunteer Centre <input type="checkbox"/>	Other Website <input type="checkbox"/>
			Other <input type="checkbox"/>