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**VOLUNTEER APPLICATION FORM**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title – MR / MRS / MISS / DR/OTHER | Gender: Male / Female |
| First Names: | Email address: |
| Surname: | Address: |
| Date of Birth: |  |
| Tel No:  (Daytime) |  |
| (Evening) |  |
| (Mobile) | Postcode: |

**You are invited to tell us about yourself. Please consider your response to the questions, as the information you give will be sent to managers in the homes with volunteer opportunities. The more they know about your experience and aspirations, the more likely they are to be interested in meeting with you.**

**Why would you like to volunteer for Milestones Trust?**

**What would you like to gain for yourself from your volunteer experience?**

**Are you interested in volunteering with any of the following service user groups?**

Please tick as appropriate

People with learning disabilities People with mental health needs

People living with dementia No preference

**While we do not expect or require you to have previous experience for volunteering, it would be useful to know if you have experience of supporting people with learning disabilities, eldercare needs and/or mental health needs -** this could be through your friends, family, or your own experience.

**Previous Employment/Volunteering Experience/Education** Whether you are applying for a specific post or if this is a general enquiry**,** it is helpful to give a brief summary about relevant volunteering experience, training, studies (including details of projects or course work), previous employment or transferable skills that may relate to volunteering with Milestones Trust as this is used to help us select people for interviews

**Special Interests or Activities –** Please tell us about yourself and your interests/hobbies/skills as this can be very helpful in matching you with a specific request for a volunteer by a service user and/or potential volunteer opportunities.

**CURRENT STATUS**

Employed Unemployed Student Retired Other

**Do you have a disability or health condition that could affect your experience as a volunteer?**

**Yes No**

If yes please give brief detailsso we canconsider any reasonable adjustments that may be required**:**

**CRIMINAL CONVICTIONS**

As part of your volunteering, you are likely to be supporting vulnerable adults. This requires us to request an enhanced DBS check. It is also necessary to ask:

Have you ever been convicted of a criminal offence, been bound over or cautioned or do you have any hearings pending? (Includes motoring offences) NB this does not necessarily preclude you from volunteering and details can be disclosed at interview, but it is important that it is declared at an early stage so that we can assess your suitability for certain roles

**Yes No**

**Are you willing to undergo an enhanced DBS check? Yes No**

**Do you have a current enhanced DBS certificate for vulnerable adults? Yes No**

**DRIVING**

**Do you hold a current licence? *Yes* No**

**Do you have use of a car? Yes No**

**AVAILABILITY**

What times would you be available to volunteer? Please indicate in boxes. **Please note** we do not expect you to volunteer at all the indicated sessions, but provides information on when you might be free.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **How did you hear about volunteering with Milestones Trust?** | | | |
| Volunteer Centre |  | Word of Mouth |  |
| Poster/Leaflet |  | Student Fair/Careers Office |  |
| Previous Knowledge |  | Other |  |

**REFERENCES**

Please provide the names and addresses of two character referees who can comment on your suitability as a volunteer for us. You should ideally have known the person for at least two years. They can be friends, neighbours, work colleagues or educational contacts. Family members and partners are not acceptable as a referee. These will only be requested once you have successfully completed an interview with a staff member.

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1 Name  Address  Tel No  Email |  | Referee 2 NameAddressTel NoEmail |  |

**Signed: Date:**

When completed please return to: Volunteer Co-ordinator at Unit 10, Eclipse Business Park, High St, Staple Hill, Bristol BS16 5EL or email to [brendas@milestonestrust.org.uk](mailto:brendas@milestonestrust.org.uk)

Thank you for completing this application we will be in contact when we have details of any appropriate volunteer opportunities in your area.



**VOLUNTEER EQUAL OPPORTUNITIES FORM**

**The information in this section is used for monitoring purposes to ensure the effectiveness of our Equality and Diversity Policy which is available on request. The information is not used for selection purposes.**

**Gender:** Male Female

**Age Group:**

Under 2121-30 31-40 41-5051-60 61+

**How would you describe yourself?**

These categories of ethnic origin are recommended by the Commission for Racial Equality as the most appropriate for monitoring in the UK. We recognise specific categories may not be appropriate for everyone. If this is the case please use the last option.

|  |  |
| --- | --- |
| **Asian or Asian British:**  Indian  Pakistani  Bangladeshi  Any other Asian background  (Please specify) ……………………….. | **Black or Black British:**  Black African  Black Caribbean  Any other Black background  (Please specify) ………………………... |
| **Chinese or other ethnic group:**  Chinese  Any other ethnic background  (Please specify) ……………………….. | **White:**  White British  White Irish  Any other white background  (Please specify) …………………………. |