|  |
| --- |
| **Date of application** |
|  |
| **Your contact details** |
| **Title** *Mr/Mrs/Miss/Ms etc* | **First name** | **Last name** | **Date of birth** |
| **Address including postcode** | **Landline** |  |
| **Mobile** |  |
| **Email** |  |
| **A bit about you** |
| **Do you work?** *please indicate as appropriate* | Full time | Part time | I don’t work |
| **Occupation/profession** |  | **Retired?** |  |
| **Do you drive?** |  | **Do you have use of a car?** |  |
| **How did you hear about volunteering with Communicare in Southampton?** |
| **Why do you want to volunteer with Communicare in Southampton?** |
| **What interests/hobbies do you have?** *This will help us to match you with someone* |
| **Have you any health problems that may make some tasks difficult?** *e.g. bad back, asthma, allergies* |
| **How would you like to help?** *Please tick the yes column for those areas in which you can offer help.*  |
|  | **Yes** | **Comment** |
| **Helping our clients by:** |
| Shopping |  |  |
| Befriending (regular visiting) |  |  |
| Providing transport (lifts to medical/social appointments) |  |  |
| Accompanying someone on walk or outings |  |  |
| Providing family support |  |  |
| Gardening, DIY or decorating |  |  |
| Helping with social events such as lunch club or tea parties |  |  |
| Helping someone with correspondence or administration |  |  |
| **Helping our charity by:**  |
| Helping with administration |  |  |
| Fundraising/Events |  |  |
| Helping in specialist areas e.g. graphic design, accounting, marketing/PR, web design, legal advice *Please state what* |  |  |
| Any other way *Please state what* |  |  |
| **Would you be willing to visit someone who smokes?** | 🞏 Yes 🞏 No |
| **Would you be willing to push a wheelchair?** | 🞏 Yes 🞏 No |
| **When can you help?** |
| *Please indicate as appropriate* | **Morning** | **Afternoon** | **Evening** |
| Monday |  |  |  |
| Tuesday  |  |  |  |
| Wednesday  |  |  |  |
| Thursday  |  |  |  |
| Friday  |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |
| **How much time can you offer and how regularly?** *e.g. 1 hour a week* |  |
| **References** please provide the name and contact details of two referees, who you *confirm that you’ve have sought the agreement to provide their details as a referee for my application* |

|  |  |
| --- | --- |
| Referee 1: professional person (e.g. employer, doctor) | Referee 2: character reference (not a family member) |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
| **Phone** |  | **Phone** |  |
| **Email** |  | **Email** |  |

**SIGNATURE: DATE:**

 

ETHNICITY & DIVERSITY MONITORING

Many of our funders are interested in the range of backgrounds of our volunteers. By completing this form you will be helping us to provide this and secure further funding.

This information will be separated from your application and only used for anonymised monitoring purposes, thank you.

|  |
| --- |
| **What is your age and gender?** |
| Your age |  | Your date of birth |  | Your gender |  |
| **What is your ethnic group?**Choose one section from (a) to (e) and tick the appropriate box to indicate your cultural background |
| (a) **White** British Irish Any other White background *please write in below* ……………………………… | (b) **Black or Black British** Caribbean African Any other Black background *please write in below* ……………………………. |
| (c) **Asian or Asian British** Indian Pakistani Bangladeshi Any other Asian background *please write in below* …………………………….. | (d) **Mixed** White and Black Caribbean White and Black African White and Asian Any other Mixed background *please write in below* ……………………………… |
| (e) **Other ethnic group** *please write in below* …………………………….. |  |