



**Confidential Volunteer Application Form**

Date of application			
Your contact details			
<b>Title</b> <i>Mr/Mrs/Miss/Ms etc</i>	<b>First name</b>	<b>Last name</b>	<b>Date of birth</b>
<b>Address including postcode</b>	<b>Landline</b>		
	<b>Mobile</b>		
	<b>Email</b>		
A bit about you			
<b>Do you work?</b> <i>please indicate as appropriate</i>	Full time	Part time	I don't work
<b>Occupation/profession</b>			<b>Retired?</b>
<b>Do you drive?</b>		<b>Do you have use of a car?</b>	
<b>How did you hear about volunteering with Communicare in Southampton?</b>			
<b>Why do you want to volunteer with Communicare in Southampton?</b>			
<b>What interests/hobbies do you have?</b> <i>This will help us to match you with someone</i>			
<b>Have you any health problems that may make some tasks difficult?</b> <i>e.g. bad back, asthma, allergies</i>			

**How would you like to help?** Please tick the yes column for those areas in which you are interested in helping

	Yes	Comment
<b>Helping our clients by:</b>		
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		
Homecoming Project –short term help for those coming out of hospital		
<b>Helping our charity by:</b>		
Helping with administration		
Fundraising/Events		
Helping in specialist areas e.g. graphic design, accounting, IT, marketing/PR, <i>Please state what</i>		
<b>Would you be willing to visit someone who smokes?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Would you be willing to push a wheelchair?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>When can you help?</b>		
<i>Please indicate as appropriate</i>	<b>Morning</b>	<b>Afternoon</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
<b>How much time can you offer and how regularly?</b> <i>e.g. 1 hour a week</i>		
<b>References</b> please provide the name and contact details of two referees, who you <i>confirm that you've sought the agreement to provide their details as a referee for my application</i>		
Referee 1: professional person (e.g. employer, teacher)		Referee 2: character reference (not a family member)
<b>Name</b>		<b>Name</b>
<b>Address</b>		<b>Address</b>
<b>Phone</b>		<b>Phone</b>
<b>Email</b>		<b>Email</b>

Please tick to give Communicare permission to add you to our volunteer emailing list

**SIGNATURE:**

**DATE:**

Please send your completed application form to **Communicare in Southampton, Voluntary Action Centre, Kingsland Square, Southampton, SO14 1NW** [volunteer@communicareinsouthampton.org.uk](mailto:volunteer@communicareinsouthampton.org.uk)



# Communicare in Southampton

...helping neighbours in need

## 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

<p><b>(a) White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background <i>please write in below</i></p> <p>.....</p>	<p><b>(b) Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background <i>please write in below</i></p> <p>.....</p>
<p><b>(c) Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background <i>please write in below</i></p> <p>.....</p>	<p><b>(d) Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background <i>please write in below</i></p> <p>.....</p>
<p><b>(e) Other ethnic group</b> <i>please write in below</i></p> <p>.....</p>	