Highway Hope , 1 Matthews Lane, M12 4QW

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| **Volunteer Information** |
| **Full Name** | **Title (Mr, Mrs, Ms, Dr, Other)** | **Mobile No.** |
| **Address:** |
|  |
|  | **Postcode** |  |
| **Please circle your age** | Under 18 | 18-25 | 25-40 | 41-59 | 60-75 | 76+ |
| **Please state your age if under 18 years:** |

Please complete this form and send it back as soon as possible, to allow us to arrange an interview.

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| **Please indicate with a tick the type of voluntary work in which you are interested (Some areas are very popular - so it is best to tick a few options)** |
| * Arts & Crafts
 |  | * Graphic designs
 |  |
| * Bead Making
 |  | * Health Education &Checks
 |  |
| * Book keeping
 |  | * Life Long Learning
 |  |
| * Cafe
 |  | * Man & Van Services
 |  |
| * Charity Shop
 |  | * Mental Health counseling & support
 |  |
| * Clerical
 |  | * Music School
 |  |
| * Community Events
 |  | * Online Marketing
 |  |
| * Community Reporting
 |  | * Reception
 |  |
| * Decorating/DIY
 |  | * Social Media – FB, Twitter, Instagram mgt
 |  |
| * Driving
 |  | * The CHIPS Night- A weekly Dinner Club, serving Healthy meals
 |  |
| * Fitness & Exercise
 |  | * Tuition Classes & Supplementary School
 |  |
| * Food Shop
 |  | * Website Management
 |  |
| * Fund raising
 |  |  |  |
| * Furniture Shop
 |  |  |  |
| * Gardening
 |  |  |  |
| Any further comments related to chosen areas to volunteer |

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| **Employment Status** |  | **Please state your working hours** |  |
| If working please state your occupation |  |
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| **Experience**: Please write below any voluntary work or relevant experience you may have.  |
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| **Health:** How would you describe your health? |
| Good |  | Fair |  | Poor |  |
| Please tell us about any disabilities which may affect your volunteer placement |
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| **Skills:** Do you have any specialist skills, interesting hobbies which may be of use in Highway Hope.  e.g. Baking, Woodworking, Crafts, Playing the Piano, Singing, 1st Aid, Foreign Languages (non- English) spoken or written.  |
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| **Why do you wish to volunteer at Highway Hope?** |
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| **How did you hear about volunteering for us?** |
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| **References**Please provide us with two referees who have known you for at least five years whom we may contact.**Note** Referees should not be a family member, employees or volunteers currently working for Highway Hope |
| Title (Mrs, Mrs, Ms, Dr) |  | Full name |  |
| Relationship |  | Contact Number |  |
| Address |
|  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title (Mrs, Mrs, Ms, Dr) |  | Full name |  |
| Relationship |  | Contact Number |  |
| Address |
|  | Postcode |  |

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| **Please ensure you ask permission from these referees beforehand.**  |

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| **Criminal Convictions:**Owing to the vulnerability of some people using the centre , it is necessary for yu to disclose any criminal convictions.  |
| Have you been convicted of any offence at any time?  |  |
| If yes please give details |  |
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 **Name Signature Date**

**Equal Opportunities Form**

We are very keen to draw on a genuine cross-section of the local community. Please complete the Equal Opportunities form, this allows Highway Hope to monitor this program.

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| **Are you a British Citizen or an EU national?** | Yes | No |
| **If no: Do you have evidence of entitlement to enter and work in the UK** | Yes | No |

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| --- | --- |
| **If no: what is our immigration status?** |  |

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| **If no: How would you describe yourself?** | **Student** | **Visitor**  | **Subject to Permit** |

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| **Male** |  | **Female** |  |
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| --- | --- |
| **Asian** | **Bangladeshi** |
| **Black (African)** | **Black (Caribbean)** |
| **Black (Other)** | **Chinese** |
| **Indian** | **Pakistani** |
| **White** | **Other** |

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| **Official Notes****Date Received -****Documents Received -****Directorate-** |