



Volunteer Application Form

In order for us to process your volunteer application we will need to put your contact and basic details onto our database. Due to the new General Data Protection Regulations 2018 we need to make you aware of this and ask for your permission to do this. We also need to let you know that you can contact Carer Support West Cumbria at any time and request to opt out of contact with us and ask for your details to be removed from our database.

Are you willing for your details to be kept for this purpose? Yes / No

If yes please complete the application form.

If no unfortunately we will not be able to proceed with the application.

| | |
|-----------------------------------|--|
| Volunteer Post Applied for | |
|-----------------------------------|--|

Your Details

Name :

Address :

.....

..... Postcode :

Date of Birth : Email :

Telephone : Mobile :

National Insurance Number :



Your Background

Please tell us about any voluntary or paid work you have done. This can include helping an organisation or an individual on an informal basis.

| Date | Organisation (if applicable) | Role / work carried out |
|------|------------------------------|-------------------------|
| | | |

Other Information

Please use this space to tell us any information you would like to share about yourself, your hobbies, why you would like to volunteer and what you hope to gain from volunteering with our organisation. Please continue on the back of this sheet / an extra sheet if you have a lot to share.



References

Please provide the information of two people who can provide you with a reference. These can be previous employers / work colleagues or friends, but referees cannot be family members.

Name : Name :

Address: Address:

.....

Postcode :..... Postcode:.....

Email : Email :

How do they know you? : How do they know you? :

Please sign to confirm you are happy for us to contact your referees and process your application:

Signed : Date :

Please complete the following Equal Opportunities Section.
This section will be separated from the application form on receipt and used for monitoring purposes only. It will NOT form part of the interview and selection process.

Carer Support West Cumbria is committed to equality of opportunity and to ensuring that all staff/volunteers are appointed on the basis of merit, regardless of ethnic origin, gender, disability, racial identity, age or caring responsibilities. In order to help us to ensure that this policy is adhered to, please supply the following information.
Please tick boxes as appropriate

| | | |
|----------------|-------------------------------|--------------------------------------------|
| Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| | I self-identify as: | Prefer not to say <input type="checkbox"/> |

| Age Range: | | | | |
|--------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 16 – 24 <input type="checkbox"/> | 25 – 29 <input type="checkbox"/> | 30 – 34 <input type="checkbox"/> | 35 – 39 <input type="checkbox"/> | 40 – 44 <input type="checkbox"/> |
| 45 – 49 <input type="checkbox"/> | 50 – 54 <input type="checkbox"/> | 55 – 59 <input type="checkbox"/> | 60 – 64 <input type="checkbox"/> | 65 + <input type="checkbox"/> |
| Prefer not to say <input type="checkbox"/> | | | | |

| | | | |
|------------------------------------------------------------|------------------------------|-----------------------------|--------------------------------------------|
| Would you describe yourself as having a disability? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |
| If Yes, please describe the nature of the disability: | | | |
| | | | |

| Do you have caring responsibilities? If yes tick all that apply: | |
|--------------------------------------------------------------------------|--------------------------------------------|
| Primary carer of a disabled child/children <input type="checkbox"/> | Secondary carer <input type="checkbox"/> |
| Primary carer of a disabled adult (18 and over) <input type="checkbox"/> | None <input type="checkbox"/> |
| Primary carer of an older person (65+) <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |

How would you describe your ethnicity?

| | | | |
|-------|----------------------------------|--------------------------------|-----------------------------------------------------|
| White | British <input type="checkbox"/> | Irish <input type="checkbox"/> | Any other White Background <input type="checkbox"/> |
|-------|----------------------------------|--------------------------------|-----------------------------------------------------|

| | | |
|------------------------------|----------------------------------------------------|-----------------------------------------------------|
| Mixed/multiple ethnic groups | White and Black Caribbean <input type="checkbox"/> | White and Asian <input type="checkbox"/> |
| | White and Black African <input type="checkbox"/> | Any other mixed background <input type="checkbox"/> |

| | | |
|------------------------|----------------------------------|-----------------------------------------------------|
| Asian or Asian British | Indian <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> |
| | Chinese <input type="checkbox"/> | Any other Asian background <input type="checkbox"/> |

| | | |
|------------------------------------------|-----------------------------------------------------------------------|------------------------------------|
| Black/African/Caribbean/Black British | African <input type="checkbox"/> | Caribbean <input type="checkbox"/> |
| | Any other Black/African/Caribbean background <input type="checkbox"/> | |

| | | |
|--------------------|-------------------------------|-------------------------------------------------|
| Other ethnic group | Arab <input type="checkbox"/> | Any other ethnic group <input type="checkbox"/> |
|--------------------|-------------------------------|-------------------------------------------------|

| |
|--------------------------------------------|
| Prefer not to say <input type="checkbox"/> |
|--------------------------------------------|

Please be reassured all your details will be treated with strict confidence and we thank you for sharing this information with us.

What Now?

Please post this form to:

Volunteer Co-ordinator
Carer Support West Cumbria
Suite 7f Lakeland Business
Park, Cockermouth, CA13
0QT

- Upon receipt of your application form we will contact you to arrange an informal chat about how you would like to volunteer for us, the training and support provided to you.
- We will arrange the necessary checks (DBS) and write and request references.

Thank you for taking the time to complete this form for us, we appreciate this is a lengthy process before you can begin volunteering but as some of the people we work with are vulnerable, these procedures are necessary.

Please note if you are unsuccessful on this occasion your application form will be kept on file for 3 months. It will then be destroyed to comply with the Data Protection Act. Carer Support West Cumbria is registered under the Data Protection Act 1998.