# Volunteer Application Form

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| **Name** |  |
| **Address** |  |
| **Date of Birth** |  | **Male** | **Female** | **Other** |
| **Mobile no.** |  | **Home no.** |  |

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| **Please supply a primary email address where you can receive updates, information and personalised communications** |
| **Email** |  |

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| **Emergency Contact** |  |
| **Relationship to you** |  |
| **Their Address****If different to yours** |  |
| **Their Mobile no.** |  | **Their Home no.** |  |

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| **Your Ethnic Origin** |
| Asian or Asian British - Chinese |  | Other Ethnic Group - Arab |  | White Gypsy/IrishTraveller |  | White British |  |
| White Irish |  | White – any other background |  | Asian or Asian British - Indian |  | Asian or Asian British - Pakistani |  |
| Asian or Asian British - Bangladeshi |  | Asian or Asian British – any other background |  | Mixed – White & Black African |  | Mixed – White & Black Caribbean |  |
| Mixed – White & Asian |  | Mixed – any other mixed background |  | Black or Black British – African |  | Black or Black British – Caribbean |  |
| Black or Black British – any other black background |  | Other ethnic group – Chinese |  | Other ethnic group – any other ethnic group |  | I do not wish to disclose my ethnic origin |  |
| If you have ticked **‘Other’** please give details: |

**Are there any medical conditions that may prevent you from volunteering or that we should be aware of to enable us to support you whilst volunteering? If yes, please give details**

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| **What area are you interested in volunteering in?** |
|  | Please tick |
|  |
| Avenues South East | Kent |  |
| Medway |  |
| Avenues London | London Boroughs |  |
| Avenues South | Surrey |  |
| Avenues East | Suffolk |  |
| Cambridgeshire |  |
| Shropshire |  |
| Autism Hampshire | Hampshire |  |

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| **Do you hold a current driving licence (please circle)** | **Yes** | **No** |

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| **Please indicate when you could be available to volunteer:** |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

**Why would you like to volunteer for Avenues?**

**What skills/qualities/experience could you bring to Avenues?**

Any offer of volunteering with Avenues may be subject to an Enhanced Disclosure from the Disclosure and Barring Service (DBS) including the DBS Adult Barred List and DBS Children’s Barred List (where appropriate). Any previous conviction does not preclude you from volunteering – we would discuss the relevance with you.

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| **Please give the name of two people (not relatives or current Avenues employees) who are willing to provide references. If appropriate, one should be your current employer:** |
| **Name of referee 1** |  |
| **Relationship** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |

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| **Name of referee 2** |  |
| **Relationship** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |

I certify that the above details are correct at the time of completion and agree to information being shared with other employees/volunteers, if appropriate.

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| --- | --- |
| **Signed:** |  |
| **Date:** |  |

# Please complete and return to:

recruitment@avenuesgroup.org.uk

Telephone: 0203 535 0509