Registered by:

Date of registration:

Date matched:

### VOLUNTEER REGISTRATION FORM

### 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | |  |  | | | | | | |  | Last Name | | | |  | | |
|  | |  |  | | | | | | | | | | | | | | |
| Address 1 | |  |  | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| Address 2 | |  |  | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| Borough | |  |  | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| Postcode | |  |  | | |  |  | | |  | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| Telephone | |  |  | | | | | | |  | Mobile | | | |  | | |
|  | |  |  | | | | | | | | | | | | | | |
| Email | |  |  | | | | | | | | | @ |  | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| **Emergency Contact** | | | | | | | | | | | | | | | | | |
| Name | |  |  | | | | | | |  | Telephone | | | |  | | |
|  | |  |  | | | | | | | | | | | | | | |
| How did you hear about us? | | | | |  | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | |
| Have you registered to volunteer with us before | | | | | Yes No | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 1. What type of volunteer roles you are interested in? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| 2. What kind of charity/community organisation you would like to volunteer for? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| 3. Why do you want to volunteer? What do you hope to gain from the experience? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| 4. When are you available to volunteer? (Please tick as appropriate) | | | | | | | | | | | | | | | | | |
|  | Mon | | | Tues | | | | Wed | Thu | | | | | Fri | | Sat | Sun |
| Morning |  | | |  | | | |  |  | | | | |  | |  |  |
| Afternoon |  | | |  | | | |  |  | | | | |  | |  |  |
| Evening |  | | |  | | | |  |  | | | | |  | |  |  |
|  | |  |  | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. What relevant skills, training & experience will you bring to the organisation? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | |
| 6. Are there any specific skills you would like to develop whilst volunteering with the EOU? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | |
| 7. Is there anything else you think would be useful for us to know? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | |
| 8. Please provide details of one or two referees (e.g. friend, teacher, employer, etc) | | | | | | | | | | | | |
| Name | | | | | | | Name | | | | | |
| Address | | | | | | | Address | | | | | |
| Telephone | | | | | | | Telephone | | | | | |
| Email | | | | | | | Email | | | | | |
|  | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | |
| Candidate suitable Yes No | | | | | | | | | | | | |
| Reasons if not suitable | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
| Role offered | | | |  | | | | | | | | |
| Supervisor | | | |  | | | | | | | | |
| Availablity | |  | | | | Starting date | |  | | | Duration |  |
| Comments | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
| Completed by | | | |  | | | | Position | |  | | |
| Signed |  | | | | | | | Date |  | | | |
|  | | | | | | | |  | | | | |

**EQUAL OPPORTUNITIES MONITORING FORM**

As an equal opportunities organisation, EOU keeps records of the gender, ethnic origin and any disabilities of applicants to monitor the implementation of our policy. Please answer the questions below by ticking as appropriate:

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |

**Are you** Female Male

**Do you consider that you have disability or impairement?**

Yes No Do not wish to declare

Please indicate the nature of your disability or impairment:

|  |
| --- |
|  |

**What age group do you fall within?**

16-19 20-24 25-34 35-44

45-54 55-64 65-74 75+

**Please tick any of the following if it applies to you:**

I am an asylum seeker

I am a refugee

I am a Migrant --- Born in another country or have foreign nationality

I was born in the UK but my parents are from ethnic minority group/migrant backgrounds

in the UK

I prefer not to say

|  |  |
| --- | --- |
| **Country of heritage or birth:**  *(where you were from)* |  |

**Sexual Orientation**

Heterosexual Bisexual Gay Lesbian

**Religion or Belief**

No Religion Christian Buddhist Hindu

Jewish Muslim Sikh Other Religion

**Ethnic origin**

Ethnic origin is not about nationality, place of birth or citizenship. It is about colour and broad ethnic groups. UK citizens can belong to any of the groups indicated.

|  |  |  |
| --- | --- | --- |
| **I would describe my ethnic origin as:**  **Tick (✓)** | | |
| **White** | English / Scottish / Welsh / Northern Irish / UK |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other White background |  |
| **Mixed** | Mixed ethnic background |  |
| **Asian / Asian UK** | Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asia background |  |
| **Black / African / Caribbean / Black UK** | African |  |
| Caribbean |  |
| Any other Black / African / Caribbean background |  |
| **Other ethnic group** | Arab |  |
| Any other ethnic group |  |