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**Volunteer Application Form**

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| **PERSONAL INFORMATION** | | |
| **Title**: | **First/preferred name:** | **Surname:** |
| **Address**:  **Post code:** | | |
| **E-mail address**: | | |
| **Daytime phone number**: | | **Mobile phone number:** |

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| **EMERGENCY CONTACT INFORMATION** |
| **Name:**  **Relationship:**  **Telephone number:** |

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| **APPLICATION INFORMATION:** |
| **What volunteering role(s) are you interested in?**  Reception ⬜ Admin ⬜ Lunchtime/Meals ⬜ Charity Shops ⬜ Van Driving (Collecting donations) ⬜  Day Service ⬜ Fundraising/events ⬜ Peer Support Mentoring\* ⬜ Campaigns/Raising Awareness ⬜  Other (please specify):  *\*experience of living with HIV is required for this volunteer role + D.O.B \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ & N.I.No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **When are you available to volunteer?**  Please tick when you are available to volunteer for The Sussex Beacon.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | Morning |  |  |  |  |  |  |  | | Afternoon |  |  |  |  |  |  |  | |
| **How do you know about The Sussex Beacon?** |
| **Why do you want to volunteer for The Sussex Beacon?** |
| **What relevant work or volunteer experience or skills do you have that demonstrates your suitability to the role you have applied for?** |

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| **REFERENCES (Please give details of two relevant referees. Referees cannot be related to you.)** | |
| **Name:** | **Name:** |
| **Tel no:** | **Tel no:** |
| **Email:** | **Email:** |
| **Address:**  **Postcode:** | **Address:**  **Postcode:** |
| **Relationship to you:** | **Relationship to you:** |
| Would you like to receive communications about our work, events, volunteering opportunities and ways to donate? To opt in, please tick the methods by which you would like to receive these communications:  Email Text  We will keep your personal information safe and never share it with a third party without your consent. You can opt out at any time by contacting [data@sussexbeacon.org.uk](mailto:data@sussexbeacon.org.uk). Read our full privacy policy [here](https://www.sussexbeacon.org.uk/about-us/privacy-statement/).  Please note, we will contact you with information directly related to your volunteering commitment, including some opportunities to volunteer.  **Data Protection**  I am fully aware that the information given on this form will be stored on the secure Sussex Beacon Volunteer Database and The Sussex Beacon Mailing List. I understand that my information will not be passed to any external third party or used for any other purpose other than to record details of my volunteering or to receive information from The Sussex Beacon.  Our Privacy Policy is available on our website. Please tick the box to confirm you have read this.  **Convictions**  If you become a volunteer at The Sussex Beacon you may require police clearance via the Disclosure and Barring Service (DBS). Volunteers who fail to disclose a conviction during their time here may have their position terminated.  **Age Restrictions**  Volunteers need to be:  18 years or over to work in The Sussex Beacon Shops  18 years or over to work at The Sussex Beacon.  **Declaration**  I acknowledge that a voluntary position, if offered, will be subject to satisfactory references and DBS clearance (if applicable).  I understand that I shall receive no monetary payment or goods in exchange for volunteering. I will observe strict confidentiality as to the affairs of The Sussex Beacon.  I declare that the information given within this form is correct. I understand that if offered a voluntary role, providing false or misleading information or deliberate omissions will be regarded as grounds for my volunteering to be ended.  I declare that the information I have given is to the best of my knowledge true and complete.  Signed: ………………………………………………………………….…………………………………  Date: ………………………….…………………….……………. | |

**Thank you for completing this application form.**

Please return it by email to:

[helena.becker@sussexbeacon.org.uk](mailto:helena.becker@sussexbeacon.org.uk)

Or by post to:

**Volunteer Coordinator**

**The Sussex Beacon**

**10 Bevendean Road**

**Brighton**

**BN2 4DE**

All information provided within this form will be maintained in the **Strictest Confidence**. If you would like help completing this form, please feel free to contact the **Volunteer Coordinator** at **The Sussex Beacon** on **01273 694222**.

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Equal Opportunities Monitoring Form

The Sussex Beacon is committed to equality of opportunity in its employment policies to ensure that all applicants are treated on the basis of their merits and abilities and that unfair and unlawful discrimination is eliminated.

The information on this form will be used in accordance with the Data Protection Act 2010 for the appropriate administration of recruitment and selection. Please note that any information you give will be strictly confidential with our HR department and will not be made available to members of the appointment panel. **You are not obliged to answer any of the questions in this section, but we are hoping for a 100% response rate.**

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| **Age:** (Please tick ONE) | | |
| 16 – 17 18 – 24 25 – 29  30 – 39 40 - 49 50 – 59  60 – 69 70 – 79 80 – 90 | | |
| **Nationality:** (Please tick ONE) | | |
| **White** | **Asian or British Asian** | |
| British English  British Irish  British Scottish  British Welsh  Irish  Other White background (Please specify)  ……………………………………………….  Prefer not to say | Indian  Pakistani  Bangladeshi  Chinese  Other Asian background (Please specify)  ……………………………………………  Prefer not to say | |
| **Black/ African or Black British** | **Mixed Ethnic Group** | |
| Caribbean  African  Other Black background (Please specify)  ………………………………………………  Prefer not to say | White and Black Caribbean  White and Black African  White and Asian  Other Mixed background (Please specify)  ………………………………………………  Prefer not to say | |
| Other ethnic background (Please specify)    …………………………………………… |
| **Religion:** (Please tick ONE) | | **Sexual Orientation:** |
| Christian  Jewish  Muslim  Hindu  Buddhist  Sikh  No Religion  Prefer not to say  Other (Please specify)  ……………………………………………… | | Heterosexual/straight Man  Heterosexual/straight Woman  Gay woman/lesbian  Gay man  Bisexual  Prefer not to say  Other (Please specify)  ……………………………………………………………. |
| **Gender:** | |  |
| Male  Female  Trans Male  Trans Female  Non Binary  Prefer not to say  Other (Please specify)  …………………………………………………….. | |  |
| **Disability is defined in the Disability Discrimination Act 1995 as a physical or mental impairment that has a substantial long-term effect on ability to carry out normal day to day activities.** | | Do you consider yourself to have a disability? **Y**es / **N**o  Have you advised your Local Authority or GP?  **Y**es / **N**o |