



**Chrysalis Centre for Change**  
Supporting Positive Mental Health

## VOLUNTEER APPLICATION FORM

*All data will be held in the strictest of confidence in compliance with the Protection Act 1998 and the General Data Protection Regulation 2016.*

### PERSONAL DETAILS

Title:	<input type="text"/>	Forename:	<input type="text"/>
Surname:	<input type="text"/>		
Address: (including postcode)	<input type="text"/>		
Email:	<input type="text"/>		
Preferred Contact Number:	<input type="text"/>		

### VOLUNTEER WORK

Please tick the area in which you would like to volunteer at CCC

Reception / Office Work:	<input type="checkbox"/>	Support Work:	<input type="checkbox"/>	Other: (please specify)	<input type="text"/>
Fundraising:	<input type="checkbox"/>	Counselling:	<input type="checkbox"/>		

### AVAILABILITY

When are you available to volunteer at CCC (Please circle all that are relevant)

MONDAY AM	<input type="checkbox"/>
TUESDAY AM	<input type="checkbox"/>
WEDNESDAY AM	<input type="checkbox"/>
THURSDAY AM	<input type="checkbox"/>
FRIDAY AM	<input type="checkbox"/>

MONDAY PM	<input type="checkbox"/>
TUESDAY PM	<input type="checkbox"/>
WEDNESDAY PM	<input type="checkbox"/>
THURSDAY PM	<input type="checkbox"/>
FRIDAY PM	<input type="checkbox"/>

Is this a weekly commitment?      Yes       No



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## PREVIOUS EXPERIENCE

**Please provide details of any previous volunteer work  
(including dates, details of voluntary role/s and of the organisation/s you volunteered for)**

**Please provide a list of your previous employment  
(including dates, name of employer and organisation, and reason for leaving)**



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**Please provide details of your qualifications  
(including dates, awarding bodies and where you undertook the qualification)**

**Please provide details of any relevant training and or/skills  
(including dates and details of training organisation)**



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## INTEREST & MOTIVATION

### Understanding of the Chrysalis Centre for Change

Please describe below your understanding of the work undertaken at the **Chrysalis Centre for Change**

### Commitment

We offer our volunteers expenses, supervision and opportunities for training. In return we expect volunteers to be committed to their role. Please describe your understanding of commitment as a volunteer.

### Team Work

We welcome volunteers as part of the **CCC** team so it is important to us that anyone undertaking any work at **CCC** is able to work well with others. Please explain your ability to work within a team and your understanding of team working as part of your volunteer role.



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**What do you feel you have to offer as a volunteer?**

**What would you hope to gain from becoming a volunteer at CCC?**

**Please tell us about any hobbies or interests?**

**Do you have a medical conditions, disabilities or mental health problems? Please give details.**

Some of our services take place on the first floor up a steep flight of stairs. Do you have any mobility issues that would prevent you from using the stairs? Yes  No



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**REFERENCES**

Please name **TWO** people who we can contact for a reference. One of the referees should have known you for at least two years (e.g. a previous employer)

**DO NOT NOMINATE A FAMILY MEMBER OF FRIEND** as a referee

**Referee 1:**

Full Name:

Address:  
*(including  
postcode)*

Contact No:

Email:

Relationship  
to You:

**Referee 2:**

Full Name:

Address:  
*(including  
postcode)*

Contact No:

Email:

Relationship  
to You:

Please sign and date this form below to state that all the information you have provided is true to the best of your knowledge

Signed:  Date:

Thank you for completing this application form and for your interest in a becoming a volunteer at **CCC**

**Please return this application form by post to:**

Manager, Chrysalis Centre for Change, Peter Street Community St. Helens, Merseyside WA10 2EQ

**Or email:** [chrysaliscentreforchange@gmail.com](mailto:chrysaliscentreforchange@gmail.com)



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## EQUAL OPPORTUNITY MONITORING

**Chrysalis Centre for Change (CCC)** is an equal opportunity organisation. **CCC** want to ensure that no applicant receives less favourable treatment on the grounds of race, colour, nationality, marital status, sexuality, age, trades union activity, disability, political or religious belief, or is disadvantaged by conditions or requirements which cannot reasonably be shown to be justifiable.

### Monitoring: Volunteer Applicant's Form

In order to ensure the successful development of this policy in relation to recruitment and selection, all applicants are requested to fill in the appropriate details as shown below.

**The information you supply will be treated as strictly confidential and will only be used for monitoring purposes. Copies will not be available to the member of staff interviewing you for a volunteer role.**

1. **Position Applied For?** \_\_\_\_\_

2. **What is your Date of Birth?** \_\_\_\_\_

3. **Please indicate your ethnic origin** (Please tick the appropriate box.)

**White:** British  Irish  Any other White background

**Mixed:** White & Black Caribbean  White & Black African  White & Asian   
Any other mixed background

**Asian or Asian British:** Indian  Pakistani  Bangladeshi  Other Asian background

**Black or Black British:** Caribbean  African  Any other Black background

**Chinese or other ethnic group** Chinese  Other

Prefer not to say

4. **Please identify your marital status** (Please tick the appropriate box.)

Married  Single  Civil / Live-In Partner  Divorced  Widowed  Prefer not to say

5. **Are you disabled?** (Please tick the appropriate box.) Yes  No

6. **What is your culture, belief or religion?** (Please tick the appropriate box.)

Atheist  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh

No culture, belief or religion  Prefer not to say

Any other culture, belief or religion, please state: .....

7. **What is your sexual orientation?** (Please tick the appropriate box.)

Heterosexual  Gay/Lesbian  Bisexual  Other  Don't Know  Prefer not to say

8. **Have you ever identified as transgender?** Yes  No  Prefer not to say

- Thank you -