



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: **Forename:**

Surname:

Address:
(including
postcode)

Email:

Preferred Contact Number:

VOLUNTEER WORK

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

Reception / Office Work: **Support Work:** **Other:**
(please specify)

Fundraising: **Counselling:**

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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RELEVANT EXPERIENCE

Please provide details of any previous volunteer work/employment/qualifications and training or skills that you feel are relevant to the position you are applying for. (Please feel free to attach a CV)

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

Do you need any reasonable adjustments to help you undertake this voluntary role. Please give details.
(e.g. special equipment, additional support)



INTEREST & MOTIVATION

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

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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REFERENCES

Please name TWO people who we can contact for a reference. One of the referees should have

Referee 1:

Full Name:

Address:
(including
postcode)

Email:

Contact No:

Relationship
to You:

Referee 2:

Full Name:

Address:
(including
postcode)

Email:

Contact No:

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 your interest in becoming a volunteer at **CCC**

Please return this application form by post to: Manager, Chrysalis Centre for Change

Address until 14th October: Peter Street Community St. Helens, Merseyside WA10 2EQ

Address from 15th October: 1st Floor, The Beacon Building, 25 College Street, St Helens, WA10 1TF

Or by email: 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.

Position Applied For: _____ **Date of Birth:** _____

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

Your marital status (Please tick the appropriate box.)

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

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

Your culture, belief or religion? (Please tick the appropriate box.)

Atheist Buddhist Christian (includes Catholic/CofE) Hindu Jewish

Muslim Sikh No culture, belief or religion Prefer not to say

Any other culture, belief or religion, please state:

Your sexual orientation? (Please tick the appropriate box.)

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

Other Please state: (optional).....

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

Have you ever identified as any other gender identity? Yes No Prefer not to say

If yes, please state (optional):