**Volunteer Application Form**

**Role applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Details**

|  |  |
| --- | --- |
| Name |  |
| Address  |  |
| Date of Birth |  |
| Home Telephone |  |
| Mobile Telephone |  |
| Email |  |
| Emergency Contact(Name and telephone) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employment Status | Working |  | Not Working |  | Retired |  |
| Do you have any additional requirements/needs to help you progress your application? | Yes |  | No |  |
| If yes, please provide further details |
| **References**Please give the name and address of a referee who is able to comment on your skills, character and suitability for the role (not required for Carer Ambassador role) |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Relationship |  |

|  |
| --- |
| What skills and experience will you bring to Carers Northumberland? |
|  |
| Please tell us why you would like to volunteer for Carers Northumberland |
|  |

**Privacy Statement**

Please read the privacy statement included in the information pack.

**Declaration**

I declare that the information supplied by me in this application form is correct. I understand that deliberately giving false or incomplete information will disqualify me from consideration, or in the event of my appointment, make me liable to dismissal.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return completed forms to lisamordue@carersnorthumberland.org.uk*



**Strictly private and confidential**

**EQUAL OPPORTUNITIES MONITORING – VOLUNTEERS (including TRUSTEES)**

In order to comply with Carers Northumberland’s Equality and Diversity Policy, trustees and volunteers are requested to answer the following questions. This information will be used solely for monitoring purposes.

|  |  |
| --- | --- |
| Volunteer role applied for |  |
| Where did you see this role advertised? |  |
| Date of Birth |  | Are you a carer? | Yes | No | Ex-Carer |
| Gender | Male | Female | Non-Binary | Other \_\_\_\_\_\_\_\_\_\_ |
| Ethnic Group | White British/UK | White Irish | White Other |
| Asian UK Indian | Asian UK Pakistan | Asian UK Bangladeshi |
| Asian UK Chinese | Asian UK Other | Black UK African |
| Black UK Caribbean | Black UK Other | Mixed |
| Other | Unknown | Prefer not to say |
| Disabled? | Yes | No | Prefer not to say |
| Main Disability |  |
| What is the effect or impact of your disability or health condition on your ability to undertake this role? |
|  |