

This form is available in alternative formats and support is available to assist with completing it. Please contact your local Volunteer Coordinator (see the last page for contact details).

1. Personal information

Title	First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Postcode

Daytime contact telephone number	Evening contact telephone number
<input type="text"/>	<input type="text"/>

Mobile telephone number	Email
<input type="text"/>	<input type="text"/>

To save costs, we will contact you by email. If you would prefer to be contacted by telephone, please tick this box

Employer (if applicable)

Name of family/friend we can contact in an emergency	Relation of this person to you e.g. Mother/Friend
<input type="text"/>	<input type="text"/>

Telephone number(s) of emergency contact

How did you hear about us? (Please put an "x" at all boxes that apply)

Advert / poster / leaflet	<input type="checkbox"/>	Volunteer centre	<input type="checkbox"/>
Press article	<input type="checkbox"/>	Talk or presentation	<input type="checkbox"/>
Leonard Cheshire Disability website	<input type="checkbox"/>	Volunteer recruitment event	<input type="checkbox"/>
Do-it website	<input type="checkbox"/>	Word of mouth / from a friend	<input type="checkbox"/>
Other website.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

If other, please specify

2. Leonard Cheshire Disability and you

Which location would you like to volunteer in?

Why would you like to volunteer with Leonard Cheshire Disability?

Please put an "x" in all boxes that apply

To get involved in the community	<input type="checkbox"/>	To build up my confidence	<input type="checkbox"/>
To develop new skills	<input type="checkbox"/>	To try something new	<input type="checkbox"/>
To make new friends	<input type="checkbox"/>	To contribute towards an award scheme	<input type="checkbox"/>
To gain work experience	<input type="checkbox"/>	To do something worthwhile	<input type="checkbox"/>
To have fun	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please specify

What voluntary activities would you like to do with us?

How much time can you give?

When are you available to volunteer? (Please put an "x" in all boxes that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I may be available to volunteer at any time

When would you be available to start volunteering?

What are your skills and hobbies?

Do you have a current driving licence? Yes No

3. Additional information

Do you have any past or current involvement with Leonard Cheshire Disability e.g. as a

Volunteer, employee, service user, family of service user? Yes No

If yes, please give details

Are you involved in any other community organisations?

Do you have any special requirements, medical conditions or allergies that we should be aware of? (please continue on a separate sheet if required)

4. References

Please give details of two referees who have known you for at least 3 years. Referees must not be family members. If you are in employment or education, one referee must be your employer or teacher / tutor. (Please continue on a separate sheet if required)

Referee 1

Relationship to applicant

Position and company/organisation
(if relevant)

Address

Postcode

Referee 2

Relationship to applicant

Position and company/organisation
(if relevant)

Address

Postcode

Leonard Cheshire Disability Volunteer Information Form



Telephone number

Telephone number

5. Equal Opportunities section

Leonard Cheshire Disability is committed to the practice of equal opportunities and to promoting diversity in all areas of our work. To help us monitor our effectiveness in achieving this, please complete the questionnaire below. This information will be held on computer and is subject to the provisions of the 1998 Data Protection Act.

Please put an "x" in the boxes that apply

Gender:

Male Female

Age group:

20 or under	<input type="checkbox"/>	31-40	<input type="checkbox"/>	51-60	<input type="checkbox"/>
21-30	<input type="checkbox"/>	41-50	<input type="checkbox"/>	61 or over	<input type="checkbox"/>

How would you describe your Ethnic Origin?

White – British	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>	Other	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Chinese or Chinese British	<input type="checkbox"/>		
Mixed Race	<input type="checkbox"/>	Asian or Asian British	<input type="checkbox"/>		

Do you require a visa to be in the UK?

Yes No

Are you a disabled person?

Yes No

The Disability Discrimination Act describes a disabled person as someone who has a "physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities".

6. Your signature

The Rehabilitation of Offenders Act 1974 normally gives a right to applicants not to disclose convictions that are considered “spent” under the provisions of the Act. However, because of the nature of our work, this volunteer role is exempt from the relevant provisions of the Act. Applicants are therefore not entitled to withhold information about convictions.

Please put an “x” in the boxes that apply to you

Have you ever been convicted of a criminal offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you any pending criminal charges?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered “yes” to the above please supply details on a separate piece of paper. Most applicants who are offered a volunteering role will be subject to a criminal record check from the Criminal Records Bureau before their application is accepted.

Additional Information

Please be aware of the following information when completing this application form:

Section 6

- Applicants may not withhold information regarding convictions or cautions. This role is covered under The Isle of Man Rehabilitation of Offenders Act 2001
- Criminal Records Bureau (CRB) checks are only carried out for applicants who have lived away from the Isle of Man within the last five years. All applicants will have an enhanced Isle of Man Police Check. Including details of convictions or cautions will not automatically preclude you from this role. Please state if you have lived off the Isle of Man within the last five years.
- For “*registered under the 1998 Data Protection Act*” please read “*Isle of Man Data Protection Act 2002*”

Leonard Cheshire Disability is registered under the 1998 Data Protection Act and will treat all information you supply in accordance with the Act. We will hold your details on our database and will not release them to any other organisation, unless required by law to do so. Leonard Cheshire Disability would like to contact you with information and updates on the work of the charity. If you do not wish to receive information, please put an “x” in this box

Signature

Date

Leonard Cheshire Disability Volunteer Information Form



Thank you for taking the time to complete this form. Please sign and return to
your local Volunteer Coordinator

Michelle Ferrer
Volunteer Coordinator
Leonard Cheshire Disability
Beech House
51 Main Road
Onchan, IM3 1AL

Tel: 01624 679030
Fax: 01624 679031