



Volunteer Application Form

Volunteer Details											
Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	<i>(Please mark with an X)</i>
Full Name											
Address, including Post Code											
Date of Birth					Email address						
Telephone No.					Mobile No.						
Preferred method of contact											

***Please mark the correct box with an X**

Availability	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>
	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>

How long are you available to volunteer for?													
Six months to one year				<input type="checkbox"/>	More than a year				<input type="checkbox"/>				

Do you have access to transport as our clients are visited in their own homes?													
Own car						<input type="checkbox"/>	Public transport						<input type="checkbox"/>



As clients are visited at home a DBS check is required.
Do you believe this check will be clear?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How would you describe your computer and internet skills?

Very proficient & skilled	<input type="checkbox"/>	Everyday home/college use	<input type="checkbox"/>	Infrequent use	<input type="checkbox"/>
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Please use this space to tell us why you would like to volunteer with Speak with IT
(Continue onto separate sheet, if required)

Please give details of any paid or unpaid experiences and training you may have done (with dates)
which you think may be relevant to volunteering with Speak with IT *(Continue onto separate sheet, if required)*



Please give the names and contact details of two people, unrelated to you, who would give you a personal/professional reference.

Name		
Address		
Email		
Telephone		

Please give details of any criminal convictions (if applicable) so that we can take them into account when considering your application. (Exemption under the Rehabilitation of Offenders Act does not apply)

How did you find out about volunteering for Speak with IT?

Our brochure	<input type="checkbox"/>
Volunteer Centre	<input type="checkbox"/>
Press	<input type="checkbox"/>
Referral from NHS	<input type="checkbox"/>
University/College	<input type="checkbox"/>
Job Centre	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>



Equal Opportunities monitoring

Speak with IT would like you to answer the following questions. **Filling in the form is optional.** This information will only be used to provide us with statistics to show us where we need to target our volunteer recruitment. This will help us to make sure Speak with IT welcomes volunteers from all areas of society.

***Please mark with X the boxes that apply to you**

Gender			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

Do you have a disability?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Age group					
18-24	<input type="checkbox"/>	25-44	<input type="checkbox"/>	45+	<input type="checkbox"/>

How would you describe your sexual orientation?	
Heterosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Gay woman/lesbian	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

What is your religion or belief?							
None	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Any other religion	
Prefer not to say		<input type="checkbox"/>					



Ethnic Origin							
White							
British		European		Other - give details			
Mixed							
White and Black Caribbean		White and Black African		White and Asian			
Other - give details							
Asian or Asian British							
Indian		Pakistani		Chinese		Bangladeshi	
Other - give details							
Black or Black British							
Caribbean		African		Other - give details			
Other ethnic groups - give details							
Prefer not to say							

Consent

- I consent to you collecting and using my special data in surveys (information concerning gender, religious views, age and sexual orientation, etc.) to measure the impact of the charity's work and so that you fulfill your responsibilities relating to funding bids, specifically the Big Lottery Fund.
- I consent to you using my email/postal address to send me the charity's quarterly newsletter, and any other Speak With I.T. news you think may be of interest to me.

Signature **Date**

Please email this form to: Caron Brookes – cbrookes@speakwithit.org

If you wish to post this application form please send to:
 Speak With IT, Langham House Business Centre, 140-148 Westgate, Wakefield, WF2 9SR

If you require any further assistance, please contact the office on 01924 580970