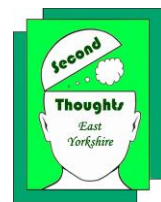


Second Thoughts *East Yorkshire*

Volunteer Application Form (Confidential)



Name:	Date:
Address:	Post code:
	Tel:
	Mobile:
	Date of birth:

Email address:

Why do you want to volunteer for Second Thoughts East Yorkshire?

Have you done any voluntary work before? (If so please explain)

We are a mental health charity. Have you any experience of mental health issues? (Either personal or through work. Having or not having experience is not detrimental to your application)

Are you: Employed Unemployed In education Other If other, please explain below

YOU NEED ONLY THIS QUESTION 'YES' OR 'NO' IF YOU HAVE BEEN ASKED BY US TO BE SUPERVISING OTHER PEOPLE.

Do you have any criminal convictions? Note - a criminal record **does not automatically mean** that you will not be accepted as a volunteer. Police checks will be undertaken.

YES I HAVE / NO I HAVE NONE

Please indicate below when you are able to commit time:

Monday	8-9	<input type="checkbox"/>	9-10	<input type="checkbox"/>	10-11	<input type="checkbox"/>	11-12	<input type="checkbox"/>	12-1	<input type="checkbox"/>	1-2	<input type="checkbox"/>	2-3	<input type="checkbox"/>	3-4	<input type="checkbox"/>	4-5	<input type="checkbox"/>
Tuesday	8-9	<input type="checkbox"/>	9-10	<input type="checkbox"/>	10-11	<input type="checkbox"/>	11-12	<input type="checkbox"/>	12-1	<input type="checkbox"/>	1-2	<input type="checkbox"/>	2-3	<input type="checkbox"/>	3-4	<input type="checkbox"/>	4-5	<input type="checkbox"/>
Wednesday	8-9	<input type="checkbox"/>	9-10	<input type="checkbox"/>	10-11	<input type="checkbox"/>	11-12	<input type="checkbox"/>	12-1	<input type="checkbox"/>	1-2	<input type="checkbox"/>	2-3	<input type="checkbox"/>	3-4	<input type="checkbox"/>	4-5	<input type="checkbox"/>
Thursday	8-9	<input type="checkbox"/>	9-10	<input type="checkbox"/>	10-11	<input type="checkbox"/>	11-12	<input type="checkbox"/>	12-1	<input type="checkbox"/>	1-2	<input type="checkbox"/>	2-3	<input type="checkbox"/>	3-4	<input type="checkbox"/>	4-5	<input type="checkbox"/>
Friday	8-9	<input type="checkbox"/>	9-10	<input type="checkbox"/>	10-11	<input type="checkbox"/>	11-12	<input type="checkbox"/>	12-1	<input type="checkbox"/>	1-2	<input type="checkbox"/>	2-3	<input type="checkbox"/>	3-4	<input type="checkbox"/>	4-5	<input type="checkbox"/>
Saturday	8-9	<input type="checkbox"/>	9-10	<input type="checkbox"/>	10-11	<input type="checkbox"/>	11-12	<input type="checkbox"/>	12-1	<input type="checkbox"/>	1-2	<input type="checkbox"/>	2-3	<input type="checkbox"/>	3-4	<input type="checkbox"/>	4-5	<input type="checkbox"/>

Why does this voluntary work appeal to you?	
What skills or experience do you feel you can bring to the project?	
Do you have any qualifications which you feel may be helpful to us?	
What type of transport do you use?	
How did you hear about volunteering for us at Second Thoughts East Yorkshire?	
Is there anything else you would like to tell us?	
<p>Please give the names and addresses of two people who can provide a reference. They must have known you for at least 6 months. This could be a friend, employer, former employer or neighbour but should not a family member.</p> <p><i>ONLY NECESSARY IF WORKING DIRECTLY WITH VULNERABLE PEOPLE</i></p>	
Name:	Name:
Address:	Address:
Relationship:	Relationship:
To the best of my knowledge the information I have given on this form is true and accurate	
Signature:	Date:
If you are submitting this application form electronically, ticking this box acts as your signature. I agree that the information on this application form is true	
<p><i>Please complete the form and return it to us at:</i> Second Thoughts East Yorkshire, 2 Manor Garth, Barmby Moor, East Yorkshire. YO42 4EU Thank you. You will be contacted within 10 working days of receipt of this form.</p>	

Office use: References processed and filed on (date):.....

Police check completed and filed on (date):.....

Approved by:..... (date):.....

Started:.....

Equal Opportunities – Monitoring of recruitment

Second Thoughts East Yorkshire is an Equal Opportunities Employer both of paid employees and of volunteers. We welcome applications which will be considered on merit irrespective of race, marital status, responsibility for dependants, age, gender, sexual orientation or physical disability.

THIS PART OF THE FORM IS NOT PART OF A SELECTION PROCESS

You are asked to complete this questionnaire but **if you choose not to it will not affect your application.**

In order to help us to ensure that our equal opportunities policy is being carried out, would you please provide the following information by ticking the appropriate boxes:

Ethnic Origin Are you:

White:

British.....
 Irish.....
 European.....
 Other
 (Please specify below)

Black:

Black European.....
 Afro Caribbean.....
 African.....
 Other.....
 (Please specify below)

Asian:

Indian.....
 Pakistani.....
 Bangladeshi.....
 Chinese.....
 Other.....
 (Please specify below)

Gender Are you:

Male..... Female..... Trans.....

Marital status Are you:

Married..... Single.....
 Living with a partner..... Divorced.....
 Widowed..... Separated.....

Age Are you:

Under 20..... 20-24.....
 25-34..... 35-44.....
 45-54..... 55-64.....
 Over 65.....

Caring Are you:

A carer of a family member or friend..

Disablement Are you:

Registered disabled..... Disabled but not registered.....
 Not disabled.....

Thank you for taking the time to complete this part of the form