**Volunteer Application Form**

Thank you very much for your interest in volunteering for CAPE.

All the information you provide on this form is confidential and will not be passed on to a third party. CAPE complies fully with Current Data Protection and Freedom of Information legislation.

|  |  |
| --- | --- |
| **Which volunteer role are you applying for?** |  |

|  |  |
| --- | --- |
| **Where did you see this role advertised?**  |  |

**Please tell us about yourself**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Forename(s)** |  |
| **Surname** |  |
| **Address** |  |
| **Post code** |  |
| **Telephone** |  |
| **Email** |  |
| **Emergency contact:**(Name, relationship to you & contact number) |  |
| **Please select which method(s) you would prefer for contacting you about your volunteer application**  | Phone Text Email Letter  |

|  |  |
| --- | --- |
| **Have you ever been a member at CAPE?** |  Y / N |

|  |  |
| --- | --- |
| **Are you a current member at CAPE?** | Y / N |

**Please tell us why you would like to volunteer for CAPE (you can tick more than one box)**

|  |  |  |  |
| --- | --- | --- | --- |
| I want to help support clients with mental health issues |  | I am interested in meeting new people |  |
| To make myself more employable |  | Sharing my skills and experience to help others |  |
| Give something back in my community |  | I want to develop new skills |  |
| To keep myself busy  |  | Something enjoyable to do with my time |  |
| I was asked by a friend  |  | I want to make a difference  |  |
| To help me in my journey  |  | I believe in this cause  |  |
| I have experienced mental health issues and want to give back  |  | I’d rather volunteer than give money  |  |

**Please tell us a little more about you and what skills and experience you feel make you suitable for this volunteer role**

*(Please note if we receive several applications for a role, we will use this information to shortlist for the volunteer interview. Please refer to the volunteer role description, in particular the skills and experience required for the role)*

**Your availability to volunteer**

Have you checked the role specification for when we require someone for the role, and can you meet this requirement? Y/N

**Which days/ times are you available to volunteer? (Please note not all CAPE’s opportunities are available at all these times)**

Please *tick all that apply. If the role does not take place at regular times, please leave blank and discuss with your volunteer co-ordinator.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

**Volunteering status**

The right to volunteer in the UK can be dependent on your citizenship and UK immigration status so please make sure that you are allowed to volunteer on your visa.

|  |  |
| --- | --- |
| **Are you legally entitled to stay in the UK?** | Y / N  |

**References**

Please provide us with the details of two people whom we may contact as referees, to comment on your suitability for volunteering. These can be friends or colleagues but not family members and must have known you for six months or more.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1**  | **Referee 2** |
| **Name** |  |  |
| **Email** |  |  |
| **Telephone** |  |  |
| **What is your relationship to this person?** |  |  |

**Keeping you informed about CAPE**

Your support means a lot to CAPE. Together we can do amazing things to transform our lives. We want you to see the difference your support makes, and we would love to stay in contact by e-mail, text, phone, and post to let you know about the work of CAPE and how you can help support others with enduring Mental Health through fundraising, campaigning, and volunteering.

 Yes, please keep me updated by e-mail

 Yes, please keep me updated by post

 Yes, please keep me updated by text

**Declaration**

I declare that the information given in this application is a true and complete statement. I understand that any offer of appointment and subsequent volunteering is subject to satisfactory references and satisfactory disclosure from the Disclosure and Barring Service or Disclosure Scotland at the appropriate level, where this is a requirement of the role (if stated in the volunteer role description).

Signature: Date:

|  |
| --- |
| **Equal Opportunities Monitoring** |
| CAPE Project is committed to the principles of Equality of Opportunity and Diversity embedded in the Equality Act 2010. Equal Opportunities Monitoring enables us to examine the effectiveness of our procedures and to minimise the possibility of discrimination in selecting people for volunteer roles. We would be grateful if you could provide us with the following information. However, if there are any sections you do not wish to complete, please leave it blank. |
| **Volunteer Position Applied for:** |   |
| **Gender:** |   |  |   |
| **Ethnicity** |
| Please tick the most appropriate box to describe your ethnic group or origin. |
| **White:** | **Mixed:** |
| **British** |   | **White and Black Caribbean** |   |
| **Irish** |   | **White and Black African** |   |
| **Other White** |   | **White and Asian** |   |
| **Asian or Asian British:** | **Black or Black British:** |
| **Indian** |   | **Black Caribbean** |
| **Pakistani** |   | **Black African**  |   |
| **Bangladeshi** |   | **Other Black** |   |
| **Other Asian** |   |  |  |
| **Chinese** |   |  |  |
| **Religion:** |
|  |
| **Sexual Orientation:** |
|   |
| **Disability** |
| The Disability Discrimination Act defines disability as a physical or mental impairment with long term, substantial effects on a person’s ability to perform their day-to-day activities. We ask whether you are disabled for the purpose of considering what reasonable adjustments you may need to carry out the duties of the volunteer role if you were successful. Applicants are being asked to let us know of any reasonable adjustments that may be needed to ensure the interview is accessible. **Do you consider yourself to have a disability? Yes  No ** *If YES, please give details* |