



Volunteer Application Form

Thank you for the interest shown in becoming a volunteer at Mary Seacole House. In order that we may use your skills to the best advantage and give you the opportunity of work you would find satisfying please complete the following application form.

Personal Details

Surname:	Forename:
Date of Birth:	Sex:
Racial Background:	Tel:
Mobile:	Email:
Address:	Languages: a. English Rate: 1 2 3 4 5 b. _____ Rate: 1 2 3 4 5 c. _____ Rate: 1 2 3 4 5
Postcode:	Circle - 1: Poor 2: Fair 3: Good 4: Very good 5: Excellent

About You

1. Motivation: Why do you want to volunteer for Mary Seacole House? Are there any particular skills or experiences you would like to gain by volunteering?
2. Experience: What work paid or unpaid have you done in the last 5 years? Please give details (including dates).

Confidential

3. Occupation: What do you do at the moment? e.g. studying, working, looking for work.						
4. Hobbies: What do you do in your spare time? e.g. walking, reading, TV, socializing, etc...						
5. Current availability: Tick as appropriate						
	Mon	Tue	Wed	Thu	Fri	Sat
AM						
PM						

Mary Seacole House supports people who have mental health issues, substance misuse and physical health issues. We have a responsibility to ensure that volunteers are safe in their roles and that volunteer roles do not jeopardise you or your recovery. Answering 'Yes' to any of the following questions will not exclude you from volunteering with Mary Seacole House, but will be taken into account for certain roles, avoiding conflicts of interest and ensuring you receive appropriate support whilst volunteering.

6. Are you currently using, or have previously used Mary Seacole House services?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details	
7. Are you currently using, or have previously used substance misuse services?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details.	
8. Are you currently using, or previously used mental health services?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details.	
9. Do you have any physical health problems, which may affect you whilst volunteering?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details.	

Confidential

Reference Details

Please provide details of 2 referees who know you well (e.g. a course tutor, previous employer or colleague, etc.). If you have no current references, please don't be put off. Discuss this with us.

Reference 1	Reference 2
Name: _____	Name: _____
Tel: _____	Tel: _____
Address: _____ _____	Address: _____ _____
Postcode: _____	Postcode: _____

Declaration

I understand that the offer of any volunteer role with Mary Seacole House is subject to the following:-

- Enhanced disclosure certificate
- Proof of identity - (passport, Home Office Card, etc.)
- Two satisfactory references or equivalent

I understand that for information provided on this form will be processed and securely stored in paper or electronic format, and will be accessed by authorized personnel.

I confirm that the information I have given is accurate.

Signature: _____ Date: _____

**Please return your completed form to: -
Mary Seacole House | 91 Upper Parliament Street, Liverpool,
Postcode: L8 7LB**

Tel No: 0151 707 0319 | Fax No: 0151 709 6661
Email: zorro@maryseacolehouse.com

Equal opportunities monitoring

Our volunteer recruitment processes are carried out in a way that ensures that individuals are selected purely based on their ability to do the role for which they have applied. No volunteer will receive less favorable treatment on the grounds of sex, marital status, disability, race, ethnic origin, nationality, age, sexual orientation, religious belief or political opinion or be disadvantaged by conditions or requirements, which are not justified or relevant to the role. Mary Seacole House is committed to ensuring that every applicant applying for a volunteer role with Mary Seacole House is treated fairly.

This information will be used purely for ensuring the effectiveness of our equal opportunities policy and will be separated from your application form.

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Other <input type="checkbox"/>
Age Group	18-20 <input type="checkbox"/>	21-30 <input type="checkbox"/>	31-40 <input type="checkbox"/>	41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> Over 60 <input type="checkbox"/>
Ethnicity	Asian or Asian British - Bangladeshi <input type="checkbox"/>	Asian or Asian British – Indian <input type="checkbox"/>	Asian or Asian British – Other <input type="checkbox"/>	Asian or Asian British – Pakistani <input type="checkbox"/>
	Mixed – White & Black African <input type="checkbox"/>	Mixed - White & Black Caribbean <input type="checkbox"/>	Mixed & White & Asian <input type="checkbox"/>	Mixed – Other <input type="checkbox"/>
	Other <input type="checkbox"/>	Black or Black British-African <input type="checkbox"/>	Black or Black British-Caribbean <input type="checkbox"/>	Black or Black British-Other <input type="checkbox"/>
		Chinese <input type="checkbox"/>	White British <input type="checkbox"/>	White Irish <input type="checkbox"/>
		White European <input type="checkbox"/>	White Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Sexuality	Heterosexual <input type="checkbox"/>	Lesbian / Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Are you registered disabled?	Yes <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	No <input type="checkbox"/>	
Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	No <input type="checkbox"/>	
How did you hear about Mary Seacole House?	Friend / Relative <input type="checkbox"/>	Website <input type="checkbox"/>	Other <input type="checkbox"/>	