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**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**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Date of Birth: | Gender: |
| Ethnicity: | Telephone No: |
| Email address: |
| Home address:Postcode: | Please rate your proficiency in any languages spoken by putting a number in the box; |
| a. English  |  |
| b.  |  |
| c. |  |
| 1 (NOVICE) 2 (INTERMEDIATE) 3 (ADVANCED) |

**About You**

|  |
| --- |
| 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? |
|  |
| Experience: What work paid or unpaid have you done in the last 5 years? Please give details (including rough dates). |
|  |
| Occupation: What do you do at the moment? e.g. studying, working, looking for work.  |
|  |
| Hobbies: What do you do in your spare time? e.g. walking, reading, relaxing, socializing, etc.… |
|  |
| Current availability: |
|  | Mon | Tue | Wed | Thu | Fri |
| AM | [ ] [ ] [ ] [ ] [ ]  |
| PM | [ ] [ ] [ ] [ ] [ ]  |

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| 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. |
| Are you currently using, or have previously used Mary Seacole House services?  |
| Yes [ ]  No [ ] ﻿If Yes, please give details… |
| Are you currently using, or have previously used substance misuse services? |
| Yes [ ]  No [ ] ﻿If Yes, please give details... |
| Are you currently using, or previously used mental health services? |
| Yes [ ]  No [ ] ﻿If Yes, please give details... |
| Do you have any physical health problems, which may affect you whilst volunteering? |
| Yes [ ]  No [ ] ﻿If Yes, please give details… |

**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 with us.

|  |  |
| --- | --- |
| Reference 1 | Reference 2 |
| Name:  | Name:  |
| Tel:  | Tel:  |
| Address:  | Address:  |
| Postcode:  | Postcode:  |
| Email: | Email: |

**Declaration**

|  |
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| I understand that the offer of any volunteer role with Mary Seacole House is subject to the following: -* Disclosure and Barring Certificate
* Proof of identity - (passport, Home Office Card, etc.)
* Two satisfactory references or equivalent

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

L8 7LB

or via email to: vanessa@maryseacolehouse.com for any queries you can call Vanessa

on 0151 707 0319.

**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 Identity | Female [ ]  Male [ ]  Transgender[ ]  Other[ ]  |
| Age Group | 18-20 [ ]  21-30[ ] 31-40[ ] 41-50[ ] 51-60[ ] Over 60[ ]  |
| How would you describe your ethnicity? (This list was taken from the GOV.UK website) | **White - English** [ ]  Irish [ ]  Scottish [ ]  Welsh [ ]  European [ ] **Mixed race -** White & Black Caribbean [ ]  White & Black African [ ]  White & Asian [ ]  Other Mixed/Multiple ethnic background [ ]  **Asian -** Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Other Asian [ ]  **Black - British** [ ]  African [ ]  Caribbean [ ]  Arab [ ]  Other ethnic group, please describe Prefer not to say [ ]   |
| Do you regard yourself as belonging to any particular religion?  | Yes [ ]  No, no religion [ ]  If yes, which one? Christian [ ]  Muslim [ ]  Hindu[ ]  Jewish [ ]  Sikh[ ]  Spiritual [ ] Other[ ] please describe Prefer not to say[ ]   |
| Sexuality | Heterosexual / Straight[ ] Lesbian / Gay[ ]  | Bisexual [ ] Prefer not to say[ ]  |
| Do you consider yourself to have a disability?  | A disabled person is defined under the Equality Act 2010 as someone with a ‘physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.’Yes[ ] No [ ] Prefer not to say[ ]  |
| How did you hear about Mary Seacole House? | Friend / Relative[ ] Website[ ] Social Media [ ] Other [ ]  please describe  |