

DATE APPLICATION RECEIVED:

## ECI Volunteer Application Form

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Telephone:</b> Home : Work: Mobile :
<b>Postcode:</b>	<b>Email:</b>
<b>Where did you get your application form from?</b> Online <input type="checkbox"/> Telephone <input type="checkbox"/> In person <input type="checkbox"/> Other <input type="checkbox"/> Children's Centre <input type="checkbox"/> Jelly <input type="checkbox"/> Bike Bank <input type="checkbox"/> Transitions <input type="checkbox"/> Ripple Effect <input type="checkbox"/> If "Other", please state: .....	
<b>What project or service are you interested in volunteering for?</b> Children's Centre <input type="checkbox"/> Jelly <input type="checkbox"/> Bike Bank <input type="checkbox"/> Transitions <input type="checkbox"/> Ripple Effect <input type="checkbox"/> Unsure <input type="checkbox"/> Other (Please State) <input type="checkbox"/> .....	
<b>If you are applying for a volunteer role at one of our Children's Centres (Chestnut, Countess Wear, Flying Start), do you know which group you wish to volunteer in?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state:	
<b>Have you been referred by a member of the ECI Staff Team?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, who?	
<b>Do you have access requirements?</b> (e.g. large print, hearing loop, wheelchair access)	
<b>Do you have - a driver's license?</b> Yes/No      - <b>access to a vehicle?</b> Yes/No	
<b>Your availability</b> (please tick as appropriate) Mon am pm eve    Tues am pm eve    Wed am pm eve    Thur am pm eve    Fri am pm eve    Sat am pm eve    Varies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Skills and experience:</b> Please tell us a little about yourself including any experience and skills to support your application (please continue on a separate sheet if needed)?	
<b>Why do you want to Volunteer with ECI?</b>	
<b>Where did you hear about the ECI Volunteer Programme?</b>	
<b>Referee one</b>	<b>Referee two</b>
<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Tel. No.</b>	<b>Tel. No.</b>
<b>Email:</b>	<b>Email:</b>
<b>In what capacity do you know referee one?</b>	<b>In what capacity do you know referee two?</b>



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In accordance with the **Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)**, applicants who are offered a volunteer role at ECI may be subject to a criminal record check (DBS) before their appointment is confirmed, depending on the role applied for. This will include details of cautions, reprimands or final warnings as well as convictions. Failure to disclose any previous criminal convictions against you could result in dismissal. Any information given, either when returning your application form or at interview, will be entirely confidential and will be considered only in relation to this application. (please continue on a separate sheet if needed)

**PLEASE NOTE THAT WE TREAT ANYONE WITH A CRIMINAL RECORD WITH SENSITIVITY. WE WILL HAVE AN OPEN DISCUSSION WITH YOU TO IDENTIFY ANY POSSIBLE RISKS. IT DOES NOT NECESSARILY BAR YOU FROM BEING OFFERED A VOLUNTEER ROLE WITH ECI**

Do you have a current DBS check (issued within the last 12 months)? Yes  No   
 Are you a Foreign National? Yes  No  If Yes, what is your country of origin?  
 If you are a foreign national, do you have Certificate of Good Conduct from your country or origin? Yes  No

**Who to contact in case of emergency?**  
 Name:  
 Relationship to you:  
 Contact Numbers:

**Any allergies or known medical conditions?**

**GP Name and Surgery:**

ECI likes to publicise its work through photographs that are used in leaflets, displays or on the websites. We want to make sure that people are comfortable with this, so please can you tick the appropriate box below.

I am happy with having my photograph taken and used to promote ECI and its projects.

I do not want to have my photograph taken

The information I have given with this application is, to the best of my knowledge, true and correct. I understand that any offer of volunteering with ECI is subject to satisfactory references, DBS check (if required), and binding in honour only.

Signature: ..... Date: .....

**OFFICE USE ONLY**

<b>Volunteer Supervisor Name:</b>		
<b>Action</b>		<b>Initial</b>
DBS Required (DBS Form Completed)	YES / NO	
References Required	YES / NO	
Is a Photo ID Swipe Card Required?	YES / NO	
<b>O&amp;A MANAGER</b>		
<b>Action</b>	<b>Date</b>	<b>Initial</b>
Initiate DBS – if needed		
Letter (e-mail) to Volunteer re DBS		
Record Diversity Information		
<b>ADMIN ASSISTANT</b>		
Enter on Central Records		

<b>(Admin Ass.)</b>	<b>Date</b>	<b>Initial</b>
Request Reference No.1		
Request Reference No. 2		
Reference No. 1- Received		
Reference No. 2 – Received		
Obtain ID for DBS Check		
DBS Response Received		
Update DBS Log		
Update Central Records		
All information passed to Supervisor		
<b>SUPERVISOR</b>		

Received Paperwork from Admin Assistant		
<b>(Supervisor)</b>	<b>Date</b>	<b>Initial</b>
Confirm all in order to start Volunteer		
Confirm to Snr Administrator to proceed where required.		
<b>SENIOR ADMINISTRATOR</b>		
Create Email Profile (through ITC) – if authorised by Supervisor		
Identify IT requirements		
Add User to Shared Contacts (only if E-mail setup)		
Identify if any specific equipment required		
Mobile Phone - if authorised by Supervisor		

**HAS THE VOLUNTEER BEEN INTERVIEWED/HAD INITIAL MEETING? YES  By whom \_\_\_\_\_ NO**



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### Diversity Monitoring Form for Volunteers

Exeter Community Initiatives (ECI) aims to provide equal opportunities and fair treatment for all people applying to be volunteers regardless of race, sex, disability, sexual identity or marital status.

As part of the policy of reaching out to excluded communities and groups, ECI is committed to ensuring that staff and volunteers reflect the community that we serve.

In order to achieve these aims we have a policy of monitoring the composition of staff and volunteers. As part of this monitoring process we ask for your co-operation in completing the questions in this section. We wish to give you the following assurances:

- The information provided will not form the basis of any part of selection.
- All information in the application form will be regarded as confidential.
- This monitoring information will only be used for statistics.

1. I am (please tick the appropriate box):                      Male                       Female

2. Which best describes your ethnic/cultural/racial origin?

**Asian or Asian British:**

Bangladeshi

Indian

Pakistani

Other Asian \_\_\_\_\_  
(please describe)

**Black or Black British:**

African

Caribbean

Other Black \_\_\_\_\_  
(please describe)

**Chinese:**

**Mixed Background:**

White and Black Caribbean

White and Black African

White and Asian

**Other Mixed:** \_\_\_\_\_  
(please describe)

**White:**

British

Irish

**Other White:** \_\_\_\_\_  
(please describe)

**Other Ethnic Group:** \_\_\_\_\_  
(please describe)

3. How old are you?    <25     25-34     35-44     45-54     55-64     65+

4. Do you consider yourself to be disabled?    Yes     No

5. How did you find out about the role? \_\_\_\_\_

*Thanks*

For official use: Name of Project-

