|  |  |  |  |
| --- | --- | --- | --- |
|  | Helping local people with sight loss | | |
| Wolverhampton Road East  Wolverhampton WV4 6AZ | T 01902 880 111  F 01902 886 795 | E enquries@beacon4blind.co.uk  W www.beacon4blind.co.uk |

*Registered Charity No.: 216092*

# APPLICATION FOR VOLUNTEERS

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR DETAILS:** |  | | |
| Surname/Family Name: |  | | |
| First Name(s): |  | | |
| Telephone number where you can be contacted: | Day: Evening: Mobile: | | |
| e-mail address: |  | | |
| Address: |  | | |
|  | | | |
|  | | Post Code: |  |
| National Insurance No: |  | | |
| Current Employment Status: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT (MOST RECENT FIRST)** | | | |
| From  Month/Year | To  Month/Year | Employer | Description of Main Duties &  Reason for Leaving |
|  |  |  |  |

**VOLUNTEER ROLE**

The Beacon Centre can offer a variety of placements for Volunteer Workers. Please indicate your preference from the Volunteer Opportunity list attached.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | How much time do you feel able to offer The Beacon as a volunteer? Please indicate day/s  of the week and numbers of hours you are offering? | | | | | | | | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | | **Morning** |  |  |  |  |  |  |  | | **Afternoon** |  |  |  |  |  |  |  | | Total Hours |  |  |  |  |  |  |  |   **EDUCATION** | | | | |
| Examinations/Qualifications  *Include those to be taken and non-examined courses, e.g. NVQ* | Awarding Body/  Institute | Date of  Qualification | | Grades |
|  |  |  | |  |
| RELEVANT TRAINING | | | | |
| Please list training courses you have attended: | | | Date | |
|  | | |  | |

|  |  |  |
| --- | --- | --- |
| OTHER INFORMATION | | |
| Do you have regular use of a car or motorcycle? | YES | NO |
| Do you have a valid driving licence?  If yes, list categories | YES | NO |
| Do you have any current endorsements? | YES | NO |
| If YES, give details: | | |

|  |  |  |
| --- | --- | --- |
| **REHABILITATION OF OFFENDERS ACT 1974** | | |
| Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? | YES | NO |
| Details: | | |
| **DBS DISCLOSURE**  You may be requested to apply for a DBS Check from Data & Barring Services in relation to the post for which you are applying.  Do you agree to a DBS Check being undertaken if required? Yes No  **PERSONAL IDENTIFICATION**  If a DBS check is not required for the voluntary position you choose, three forms of identification are required prior to the commencement of duties. | | |

#### I certify that the stated information on this application form and in all other supporting papers are true and correct. Failure to give correct information may result in an offer of employment being withdrawn, or disciplinary action or dismissal at a later date. I also give my consent to the processing of data contained or referred to on this form in accordance with the Data Protection Act, 1998.

**Signature: ……………………………………………………. Date: ……………………………..**

#### Please return this form marking the envelope ‘PRIVATE AND CONFIDENTIAL’ to:

**Volunteer Coordinator, Beacon Centre for the Blind, address as front page.**

|  |  |  |  |
| --- | --- | --- | --- |
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###### EQUALITY MONITORING FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname/Family Name: | | |  | | | | | | | | | | |
| First Name(s): | | |  | | | | | | | | Title: |  | |
| Marital Status: | | |  | | | | | | | | Do not wish to disclose | | |
| Date of Birth: |  | | | | Gender: | | | Male Female | | | | | |
| I would describe my race or ethnic group as:  ASIAN OR ASIAN BRITISH  Bangladeshi  Indian  Pakistani  Any other Asian Background  BLACK OR BLACK BRITISH  African  Caribbean  Any other Black Background  CHINESE OR OTHER  Chinese  Other  MIXED  Asian & White  Black African & White  Black Caribbean & White  Any other mixed background  WHITE  British  Irish  Any other White background  Do Not Wish to disclose | | | | | | | | | | | | | | |
| Nationality: | |  | | | | | | | | | | | | |
| Religion: | |  | | | | | Do not wish to disclose | | | | | | | |
| The Disability Discrimination Act 1995 defines a “disabled person” as having “a physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out normal day to day activities”. It is very important that you declare your disability if you wish to have the protection of the law. | | | | | | | | | | | | | | |
| Under this definition, do you consider yourself to be disabled? | | | | | | YES | | | | NO | | | Do not wish to disclose | |
| If ‘YES’ please specify the nature of the disability: | | | | | | | | | | | | | | |
| Are there any adjustments that Beacon Centre would need to make to help you for the purpose of: | | | | | | | | | | | | | | |
| a. The Job | |  | | | | | | | | | | | | |
| b. The Interview | |  | | | | | | | | | | | | |
| Are you in good health? | | | | YES | | | | | NO | | | | | |
| Do you smoke? | | | | YES | | | | | NO | | | | | |

I certify that I have read and understood the above and that the information I have given is true and correct.

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

**VOLUNTEER OPPORTUNITIES**

|  |
| --- |
| **Activities Assistant**  Includes assisting with fitness programmes (including gym), social outings and group meetings; acting as support during day trips, holidays & activity outings. |
| **Administration/Receptionist**  To deal with enquiries and visitors to Beacon Court or assist with administration tasks in various departments within the Beacon Centre. |
| **Catering/Coffer Bar Assistant**  Either working in the kitchen, restaurant or coffee bar area with preparing and serving meals, snacks and refreshments. |
| **Eye Infirmary Information Desk Volunteer**  To deal with enquiries based at the Eye Infirmary at New Cross Hospital. |
| **Fundraising & Marketing**:  Fundraising Ambassador  Supermarket Money Collector  Telemarketing Assistant  Fundraising Events (assisting of planning, organising and attendance at events)  Distribution of Marketing Material  Box Collector |
| **Support Assistant**  Either supporting residents during mealtimes or providing a befriending service to help read mail, reminisce or providing general assistance. Accompanying on external visit to GPs, hospital or shopping. |
| **Craft Assistant**  To assist in the various craft and activity rooms (sewing, art, knitting, pottery and IT). |
| **Retail/Kiosk Assistant**  To assist in the various charity shops located in the Black Country. |
| **Mini Bus Driver**  To drive the Beacon Centre’s mini bus to collect and return service users to their homes. |
| **Furniture Restorer**  Required Mondays and Tuesdays flexible hours. Preparation of furniture, sanding, waxing, painting and distressing of items, experience required within a similar area, or a passion for this type of hobby. |
| **Youth Club**  Help with sports, games, craft activities during Wednesday evenings 6pm to 8pm. |