



Volunteer Interest Form

If you need any assistance with this form or have any questions please call us on **020 8449 8877**.

Mr/Mrs/Ms/Miss/Other:	First Name:	
Surname:		
Address:		
Postcode:		
Telephone:	Mobile:	
Email:		
Preferred method of contact?	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email
Emergency contact (name and number):		
How did you hear about Noah's Ark?		

There are a number of ways you can get involved. Please tick below any which might be of interest (see role descriptions for further information)

<input type="checkbox"/> Administration	<input type="checkbox"/> Charity Shop Volunteer
<input type="checkbox"/> Reception	<input type="checkbox"/> Managing/Selling Donated Goods
<input type="checkbox"/> Health & Safety Volunteer (<i>Admin Role</i>)	<input type="checkbox"/> Noah's Ark Ambassador
<input type="checkbox"/> Family Day/Sibling Event Volunteer	<input type="checkbox"/> Organising own Fundraising Events
<input type="checkbox"/> Family Support Volunteer	<input type="checkbox"/> Other (please specify.....)
<input type="checkbox"/> Helping at Fundraising Events	<input type="checkbox"/> Not sure!

Would you like your volunteering to be (please tick all that apply):

<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional
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When will you be free to start volunteering? (date)

Which days/times are best for you to volunteer? Please tick all that would suit

<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Flexible
<input type="checkbox"/> School Term	<input type="checkbox"/> School Hols	<input type="checkbox"/> Other (please specify)		

Please detail below why you'd like to become a volunteer for Noah's Ark

Do you volunteer for any other organisation? Please give details

Please give brief details below of your life experience and/or work history (paid and/or unpaid)

Other than English, do you speak any another languages? Please give details

Are you a member of a community groups (eg. Rotary, Guides etc)? Please give details

To travel, do you use:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Own car | <input type="checkbox"/> Motorcycle/Moped |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Public Transport |

Do you have a valid driving licence?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Have you suffered a bereavement or loss in the last 24 months? If yes, please give details (this is optional but it is useful for us to know when thinking about suitable volunteer roles)

Do you have any disabilities or health issues it would be useful for us to know about and are there any reasonable adjustments we can make for you (e.g. wheelchair access etc)?

Further information — if there's anything else you'd like us to know please include it here (please continue on a separate sheet if required)

Personal References - please provide the name, address and contact number for two people who have known you for at least two years, and are not members of your family

Name:
Address:

Name:
Address:

Telephone:
Email:

Telephone:
Email:

How do you know this person?

How do you know this person?

When can we approach them (before or after meeting you)?

When can we approach them (before or after meeting you)?

Background Check - please read and sign the following

I am happy for Noah's Ark Children's Hospice to carry out the following:

- Disclosure check by the Criminal Record Bureau **Please note:** a criminal record will not automatically stop you from volunteering with us)
- Personal References
- Past Employment/Volunteer History (will only be checked if required)

I understand that the information collected during the above will be limited to that appropriate to determining my suitability for particular types of volunteer work, and that all such information will be kept confidential.

I agree that any offer of volunteering for Noah's Ark Children's Hospice is subject to satisfactory references and CRB check.

I confirm that the information I have given is accurate.

Signed:

Full Name (please print):

Date:

Data Protection

In accordance with the 1998 Data Protection Act, I agree that Noah's Ark Children's Hospice may hold and use personal information about me. This information, including that contained on this form, can be stored on both manual and computer files. It will be held securely and only used by authorised personal. It will not be shared with any other organisation or third party.

Signed:

Date:

Full name (please print):

Please return your completed form to:

Amy Walker
Volunteer Development Manager
Noah's Ark Children's Hospice
3 Beauchamp Court
Victors Way
Barnet
EN5 5TZ

thank you for taking time to care

Equal Opportunities Monitoring Form

This monitoring information is kept separately and is an anonymous survey. Please do not identify yourself on this form.

Noah's Ark Children's Hospice aims to provide equal opportunities and fair treatment for all people applying to be volunteers regardless of race or ethnic origin, age, gender, disability, sexuality, nationality or citizenship, marital status, religion or faith or unrelated criminal conviction

In order to achieve these aims we have a policy of monitoring Noah's Ark 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
- This form will be detached from your Volunteer Interest Form and filed separately for statistical purposes.

Age (please tick as appropriate):

Under 25 25-34 35-44 45-54 55-64 Over 65

Please indicate your ethnic group by ticking one box:

White:

- British
 Irish
 Other white

Black or Black British:

- Caribbean
 African
 Any other black background

Asian or Asian British:

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Mixed Heritage:

- White and Black Caribbean
 White and Black African
 White and Asian
 Other mixed (specify if wished)
.....

Chinese, British Chinese or other Ethnic Group:

- Chinese
 British Chinese
 Any other ethnic background

I do not wish to declare my Ethnic origin

PTO..



noahs ark children's hospice

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Gender (please tick):

- Female
- Male

How would you describe your sexual orientation (please tick)?

- Heterosexual
- Lesbian
- Other
- Bisexual
- Gay
- Prefer not to say

Marital Status (please tick):

- Single
- Married
- Divorced or separated
- Other (please specify)

Would you describe yourself as having a disability (please tick)?

- Yes
- No

How would you describe your religion (please tick)?

My religion is:.....

- Prefer not to say
- I am not religious

How did you hear about volunteering with Noah's Ark?

e.g. newspaper article, advert, poster, through a friend etc

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Thank you for completing this form. Please return in the Freepost envelope provided (along with your completed Volunteer Interest Form) to:

Amy Walker
 Volunteer Development Manager
 Noah's Ark Children's Hospice
 3 Beauchamp Court
 Victors Way
 Barnet
 EN5 5TZ

