***All data will be held in the strictest of confidence in compliance with the Protection Act 1998 and the General Data Protection Regulation 2016****.*

**PERSONAL DETAILS**

**Preferred Contact Number:**

**Title:**

**Forename:**

**Surname:**

**Address: *(including postcode)***

**Email:**

**VOLUNTEER WORK**

**Please tick the area in which you would like to volunteer at CCC**

**Other:**

**(please specify)**

**Reception / Office Work:**

**Support Work:**

**Counselling:**

**Fundraising:**

**AVAILABILITY**

**When are you available to volunteer at CCC** *(Please circle all that are relevant)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MONDAY AM** |  |  | **MONDAY PM** |  |
| **TUESDAY AM** |  |  | **TUESDAY PM** |  |
| **WEDNESDAY AM** |  |  | **WEDNESDAY PM** |  |
| **THURSDAY AM** |  |  | **THURSDAY PM** |  |
| **FRIDAY AM** |  |  | **FRIDAY PM** |  |

**Is this a weekly commitment? Yes ❑ No ❑**

**RELEVANT EXPERIENCE**

**Please provide details of any previous volunteer work/employment/qualifications and training or skills that you feel are relevant to the position you are applying for. (Please feel free to attach a CV)**

**What else do you feel you have to offer as a volunteer?**

**Do you need any reasonable adjustments to help you undertake this voluntary role. Please give details.**

***(e.g. special equipment, additional support)***

**INTEREST & MOTIVATION**

**What would you hope to gain from becoming a volunteer at CCC?**

**Commitment**

We offer our volunteers expenses, supervision and opportunities for training. In return we expect volunteers to be committed to their role. Please describe your understanding of commitment as a volunteer.

**Team Work**

We welcome volunteers as part of the **CCC** team so it is important to us that anyone undertaking any work at **CCC** is able to work well with others. Please explain your ability to work within a team and your understanding of team working as part of your volunteer role.

Thank you for your interest in a becoming a volunteer at **CCC**

**Please return this application form by post to:** Manager, Chrysalis Centre for Change

**Address until 14th October:** Peter Street Community St. Helens, Merseyside WA10 2EQ

**Address from 15th October:** 1st Floor, The Beacon Building, 25 College Street, St Helens, WA10 1TF

**Or by email:** chrysaliscentreforchange@gmail.com

**Date:**

**Signed:**

**Please sign and date this form below to state that all the information you have provided is true to the best of your knowledge**

**REFERENCES**

**Please name TWO people who we can contact for a reference. One of the referees should have known you for at least two years (e.g. a previous employer)**

**DO NOT NOMINATE A FAMILY MEMBER OF FRIEND as a referee**

**Referee 2:**

**Referee 1:**

**Contact No:**

**Email:**

**Address: *(including postcode)***

**Email:**

**Relationship**

**to You:**

**Contact No:**

**Full Name:**

**Relationship**

**to You:**

**Address: *(including postcode)***

**Full Name:**

**EQUAL OPPORTUNITY MONITORING**

**Chrysalis Centre for Change** (**CCC**) is an equal opportunity organisation. **CCC** want to ensure that no applicant receives less favourable treatment on the grounds of race, colour, nationality, marital status, sexuality, age, trades union activity, disability, political or religious belief, or is disadvantaged by conditions or requirements which cannot reasonably be shown to be justifiable.

**Monitoring: Volunteer Applicant’s Form**

In order to ensure the successful development of this policy in relation to recruitment and selection, all applicants are requested to fill in the appropriate details as shown below.

**The information you supply will be treated as strictly confidential and will only be used for monitoring purposes. Copies will not be available to the member of staff interviewing you for a volunteer role.**

***Position Applied For:*  *Date of Birth:***

***Your ethnic origin*** *(Please tick the appropriate box.)*

***White:*** *British* ❑ *Irish* ❑ *Any other White background* ❑

***Mixed:*** *White & Black Caribbean* ❑ *White & Black African* ❑ *White & Asian* ❑

 *Any other mixed background* ❑

***Asian or Asian British:*** *Indian* ❑ *Pakistani* ❑ *Bangladeshi* ❑ *Other Asian background* ❑

***Black or Black British:*** *Caribbean* ❑ *African* ❑  *Any other Black background* ❑

***Chinese or other ethnic group*** *Chinese* ❑ *Other* ❑

**Prefer not to say** ❑

***Your marital status*** *(Please tick the appropriate box.)*

 Married ❑ Single ❑ Civil / Live-In Partner ❑ Divorced ❑ Widowed ❑ Prefer not to say ❑

***Are you disabled?*** *(Please tick the appropriate box.)* Yes ❑ No ❑

***Your culture, belief or religion?*** *(Please tick the appropriate box.)*

 Atheist ❑ Buddhist ❑ Christian (includes Catholic/CofE) ❑ Hindu ❑ Jewish ❑

 Muslim ❑ Sikh ❑ No culture, belief or religion ❑ Prefer not to say ❑

 Any other culture, belief or religion, please state: ....................................................................................

***Your sexual orientation?*** *(Please tick the appropriate box.)*

 Heterosexual ❑ Gay/Lesbian ❑ Bisexual ❑ Don’t Know ❑ Prefer not to say ❑

 Other ❑ Please state: (*optional*)..................................................................................................................

***Have you ever identified as transgender?*** Yes ❑ No ❑ Prefer not to say ❑

***Have you ever identified as any other gender identity?*** Yes ❑ No ❑ Prefer not to say ❑

 If yes, please state (*optional*): ......................................................................................................................