



# Volunteer Application Form

**PLEASE NOTE DUE TO THE SENSITIVE NATURE OF OUR WORK WE CURRENTLY  
ONLY ACCEPT APPLICATIONS FROM FEMALES**

## PERSONAL DETAILS

**Title:**  **Forename:**

**Surname:**

**Address:**  
(including  
postcode)

**Email:**

**Preferred Contact Number:**

## VOLUNTEER WORK

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

**Reception / Office Work:**  **Support Work:**  **Other:**   
(please specify  
e.g. crafts)

**Fundraising:**  **Counselling:**

## AVAILABILITY

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

MONDAY AM	<input type="checkbox"/>
TUESDAY AM	<input type="checkbox"/>
WEDNESDAY AM	<input type="checkbox"/>
THURSDAY AM	<input type="checkbox"/>
FRIDAY AM	<input type="checkbox"/>

MONDAY PM	<input type="checkbox"/>
TUESDAY PM	<input type="checkbox"/>
WEDNESDAY PM	<input type="checkbox"/>
THURSDAY PM	<input type="checkbox"/>
FRIDAY PM	<input type="checkbox"/>

Is this a weekly commitment? Yes  No



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## 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)



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## INTEREST & MOTIVATION

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

**Core Passion:** What is the core passion that drives you & how does this fit with becoming a volunteer at CCC?

**Commitment:** We offer our volunteers expenses, supervision and opportunities for training. In return we ask 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.



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## 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)

**Referee 1:**

Full Name:

Address:  
(including  
postcode)

Email:

Contact No:

Relationship  
to You:

**Referee 2:**

Full Name:

Address:  
(including  
postcode)

Email:

Contact No:

Relationship  
to You:

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

Signed:

Date:

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

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

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

**Or by email:** [chrysaliscentreforchange@gmail.com](mailto:chrysaliscentreforchange@gmail.com)

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



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## 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): .....