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**Volunteer Application Form**

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| **PERSONAL DETAILS** | |
| Surname |  |
| First Name |  |
| Address:  Postcode: | |
| Telephone/ Mobile: | Email: |

**PLEASE SELECT WHICH AREA(S) YOU WOULD LIKE TO SUPPORT (tick all that apply)**

Archival work  Oral histories  Exhibition curation  Digitising the archive Photography/Videography  Backstage/Front of house  Evaluating the project

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| **AVAILABILITY**  Please let us know your availability | |
| Mondays  Tuesdays  Wednesdays  Thursdays  Fridays  Saturdays  Mornings  Afternoons  Evenings | |
| **SUPPORTING STATEMENT** | |
| Please state why you want to volunteer in this particular role and highlight any relevant skills, experience or qualifications you have and how you could contribute to our organisation. | |
| Please tell us why you want to do voluntary work and what you hope to gain from it? | |
| **YOUR PHYSICAL HEALTH** | |
| Do you have any health issues that may affect your voluntary role? Yes  No | |
| If yes please tell us what these are: | |
| **REFERENCES**  Please give the names of two current or most recent employers or volunteering supervisors | |
| Name | Name |
| Address: | Address: |
| Postcode: | Postcode: |
| Telephone: | Telephone: |
| Email: | Email: |

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| **SAFEGUARDING** |
| Volunteers working with children, young people, vulnerable adults or handling sensitive data will be required to undergo an enhanced police check from the Disclosure and Barring Service. This will need to be in place before starting such volunteer roles. If you have an enhanced DBS checked within the last 3 years, please enter the date and number of your certificate here...................................................... |

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| **Declaration:** I certify the information given on this form is to the best of my knowledge true and complete. |
| Signed Date |
| Note: Any false statement may cause rejection of application or, if accepted as a volunteer dismissal |

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| Please return this form to:  IRIE! Dance theatre  Moonshot Centre  Fordham Park, Angus Street  New Cross  SE14 6LU  020 8691 6099  Email: [clare.parfitt@iriedancetheatre.org](mailto:clare.parfitt@iriedancetheatre.org) |

If you have questions regarding this application form, please contact us using the number above

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| For office use only | | | |
| Date Received | Accept Reject | Start Date | End Date |
|  |  |  |  |

**CONFIDENTIAL**

**Diversity Monitoring Form**

IRIE! Dance Theatre wants to meet the aims and commitments set out in our equality and diversity policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce and volunteers through encouraging equality and diversity. IRIE! needs your help and co-operation to enable us to do this. Filling in this form is voluntary. The information you provide will stay confidential, and be stored securely and limited to only some staff in Management.

**This form will be separated from your application form, stored separately and used only to provide statistics for monitoring purposes and not used as part of your application selection.**

**Gender:** Male  Female  Transgender  Prefer not to say

**Does your gender match the sex you were registered at birth?** Yes  No

**Are you married or in a civil partnership?** Yes  No  Prefer not to say

**Age** 16-24 25-29  30-34  35-39 40-44  45-49

50-54 55-59  60-64  65+  prefer not to say

**What is your ethnic origin?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

**Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please specify:

**Black/ African/ Caribbean/ Black British**

African  Caribbean  Black British  Prefer not to say

Any other Black background, please specify:

**Mixed/multiple ethnic groups (Dual Heritage)**

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say

Any other mixed background, please specify:

**White**

English  Scottish  Welsh  Northern Irish  Irish  European

Gypsy or Irish Traveller  Prefer not to say

Any other white background, please specify**:**

**Other ethnic group**

Any other ethnic group, please state:

**Disability**

Do you consider yourself to have a disability or health condition? Yes No

Prefer not to say 

What is the effect or impact of your disability or health condition on your ability to volunteer? Please write in here:

Are you blind or do you have a visual impairment?

Do you have learning difficulties?

Are you a person with experience of mental health distress?

Do you use a walking stick or a wheelchair?

Do you use a hearing aid or communicate using BSL or any other Sign Language?

Do you have any other medical conditions (e.g. diabetes, epilepsy, Multiple Sclerosis, back problem etc.? Yes No

If yes, please state)

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

Heterosexual Gay woman/lesbian  Gay man  Bisexual

Prefer not to say  If other, please specify:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Pagan  Sikh  Prefer not to say

If other religion or belief, please specify:

**Thank you for your time completing this form**