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| **A picture containing bubble chart  Description automatically generated**  **Rape and Sexual Abuse Support Centre**  **Cheshire & Merseyside**  **Volunteering**      Please **tick** the box that you are interested in:-   * Fundraising Champion * Awareness Raising Ambassador * Group Support Volunteer * Office Support Volunteer * Social Media Volunteer * Trustee/Board member * Volunteer Counsellor   Please **tick** the areas that you wish to work in:  **Please complete the attached volunteer application form – Please do not submit CV’s**  Date Application Received……………………………………………………………Office Use Only  Date Application Actioned ……………………………………………………………Office Use Only  **Volunteer Application Form** |
| Name ………………………………………………………………………………………………………………  Address ……………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………  Date of birth ……./……./….…  Home Tel No ………………………… Mobile No …………………………Work No ……………………..  Email Address …………………………………………………………………………………………………… | |

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| Please tell us what made you decide to volunteer for this role at RASASC? |
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| What skills and experience do you have that are relevant to this role? |
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| --- |
| Please give details of any volunteering experience you have already done, if any? |
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| How did you hear about RASASC? |
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| If you have previously used our service, please say when this ended |
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| What time do you have available for volunteering with RASASC? (please be realistic) |
|  |

Please give us the contact details of two people who can give you a reference (they must have known you for a minimum of 2yrs)

Referee 1:

Name ………………………………………………

Address…………………………………………….

………………………………………………………

………………………………………………………

Tel ………………………………………………….

Email ……………………………………………….

How is this person known to you?

………………………………………………………………………………….

Referee 2:

Name ………………………………………………

Address…………………………………………….

………………………………………………………

………………………………………………………

Tel ………………………………………………….

Email ……………………………………………….

How is this person known to you?

………………………………………………………………………………….

**Volunteers must be over 18 years of age. All volunteers must be willing to undertake a Disclosure and Barring Service (DBS) check. All volunteers must be committed to working in an anti-oppressive way.**

Please email this form (along with the equal opportunities monitoring form below) to:

[support@rapecentre.org.uk](mailto:support@rapecentre.org.uk)

or post to

RASASC

PO Box 35

Warrington

WA1 1DF

We will be in touch with you soon.

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| **Equal Opportunities Monitoring Form for Volunteers** |

RASASC is committed to implementing equal opportunities and we are especially concerned that all people are enabled to access our service. In order to monitor the recruitment of volunteers we ask that you complete this form which will be used for statistical purposes by ourselves and the organisations providing funding for the training courses. It will enable us to evaluate the service provision and how accessible the organisation is for different groups of people, particularly those with disabilities so that we can make the necessary changes in the future and target people we are not reaching. There is no penalty for not completing the form but we would be grateful if you could. If you wish you can return this form in a separate envelope to your application form.

Please tick or complete the relevant sections as appropriate.

…………………………………………………………………………………………………………………………………………………………………………………………..

Name (Optional) ……………………………………………………………….

Are you? Female Male Do not wish to disclose

Are there any reasonable adjustments we would need to

make to enable you to participate fully? Yes No

If Yes what are your needs? ……………………………………………………………………………………………………………………………

What is your current age?

What is your date of birth?

Do not wish to disclose

**Previous involvement in volunteering**

Have you previously volunteered for another organisation? **Yes / No**

If yes, was this during the last 12 months? **Yes / No**

**Employment status – please tick**

Employed full time (or self-employed full time)

Employed part time (or self-employed part time)

Unemployed

Student/Training scheme

Primary carer

Sick/Incapacity

Retired

Never worked

Other (please state) ……………………………………….

Do not wish to disclose

|  |
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| **Equal Opportunities Monitoring Form for Volunteers (cont)** |

How would you describe your ethnic origin – please tick

Asian or Asian British - Bangladeshi

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British – Other Asian background (please state)……………………………………………

Black or Black British - African

Black or Black British - Caribbean

Black or Black British – Other Black background (please state)……………………………………………

Chinese

Mixed - White & Asian

Mixed - White & Black African

Mixed - White & Black Caribbean

Mixed - Other Mixed background (please state)………………………………………………………………

White - British

White - Irish

White - Other White background (please state)………………………………………………………………

Other ethnic group (please state)………………………………………………………………………………

Do not wish to disclose

Date of completing form…………………………………………………

**Thank you for your co-operation in completing this form**