

VOLUNTEER APPLICATION FORM

Personal Details

Full Name	<input type="text"/>						
Address	<input type="text"/>			Address (if different from term-time address)	<input type="text"/>		
Postcode	<input type="text"/>		Postcode	<input type="text"/>			
Date of Birth	<input type="text"/>		Age	<input type="text"/>			
Telephone	<input type="text"/>			Email	<input type="text"/>		
Mobile	<input type="text"/>			Preferred method of contact	<input type="text"/>		

Application Information

Availability: Any amount of time you can give us is valuable be it an hour now and then or a regular commitment. Please tick all appropriate boxes.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negotiable	<input type="checkbox"/>						
Commitment:	Every week	<input type="checkbox"/>	Every Month	<input type="checkbox"/>	One-off events	<input type="checkbox"/>	

Do you have particular skills or experiences that would benefit Whizz-Kidz?

Wheelchair proficiency	<input type="checkbox"/>	Event organising	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Wheelchair knowledge	<input type="checkbox"/>	Public speaking	<input type="checkbox"/>	IT proficiency	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>	Writing articles	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>
Other:					

Do you have a car available for volunteer purposes? (reasonable expenses provided) Yes No

Do you have any requirements that we need to be aware of? Yes No

If yes, please specify below. For example communication support, ramp access, mobility impairments, large print. Remember this will not affect your volunteering with us but help us to prepare where possible.

Areas of Interest

Please tick **all** the boxes that interest you:

Remember we want volunteers to get involved in as many areas of the organisation as possible. For more information on volunteer opportunities go to the Whizz-Kidz website.

I want to be involved inõ ..

Attending local %ambassadors Clubs+for young disabled people	<input type="checkbox"/>	Disability awareness campaigns	<input type="checkbox"/>
The wheelchair skills training programme	<input type="checkbox"/>	Public speaking	<input type="checkbox"/>
Buddying - providing one to one support	<input type="checkbox"/>	Organising and representing Whizz-Kidz at events	<input type="checkbox"/>
Fundraising activities	<input type="checkbox"/>	Administrative support at London HQ or regional centres	<input type="checkbox"/>

Referees

Referees can be employees, teachers or tutors but should not be relatives. You need to have known them for at least 12 months.

Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Organisation	<input type="text"/>	Organisation	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Declaration

Please note that all volunteer tasks that involve direct contact with children, young people and vulnerable adults will require Criminal Records Bureau Disclosure.

Do you have any unspent convictions?

Yes No

If yes, please give details:

A conviction will not necessarily exclude you from volunteering with Whizz-Kidz, but will be taken into account when assessing your suitability.

Volunteer Agreement

I declare that the details in this application are correct to the best of my knowledge. I understand that some tasks involved in my role may be of a sensitive nature and I agree to maintain confidentiality at all times.

I agree that if I am 18 yrs or older applying for a role that involves direct contact with children, young people or vulnerable adults for example, Ambassador Clubs, Wheelchair Skills training or when Buddying, that I must undergo Criminal Records Bureau disclosure prior to commencement. This is because Whizz-Kidz has a duty of care to its beneficiaries.

In accordance with the Data Protection Act 1998 I agree Whizz-Kidz may hold and use personal information about me for volunteering purposes and keep in touch with me. This information can be stored on manual and computer files.

I agree that my behaviour will conform at all times to the safe working practices that Whizz-Kidz requires of all volunteers. I agree that to the best of my ability my actions will uphold the integrity of the charity and recognise that failure to do could result in the termination of the relationship.

Signed

Date

If you are under 18 please get your parent or caregiver to fill in below

Print Name

Date

Signature of parent/caregiver

Date

Relationship to young person

Equal Opportunities Monitoring Form	
Whizz-Kidz is committed to Equal Opportunities in all aspects of its work. The information is kept in the strictest confidence and is used solely for the purposes of monitoring as required by funding criteria.	
Ethnicity (Please tick appropriately)	
Asian or Asian British	Roma and Travellers
<input type="checkbox"/> Indian	<input type="checkbox"/> Roma
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Irish Traveller
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> New Age Traveller
<input type="checkbox"/> Other Asian background	<input type="checkbox"/> Other Traveller
Black or Black British	White
<input type="checkbox"/> Caribbean	<input type="checkbox"/> White British
<input type="checkbox"/> African	<input type="checkbox"/> White Irish
<input type="checkbox"/> Other Black background	<input type="checkbox"/> Other White background
Dual Heritage	Chinese
<input type="checkbox"/> Black Caribbean and White	<input type="checkbox"/> Chinese
<input type="checkbox"/> Black African and White	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Prefer not to say	Other ethnic group
<input type="checkbox"/> Asian and White	<input type="checkbox"/> Other
<input type="checkbox"/> Other Dual Heritage background	<input type="checkbox"/> Prefer not to say
Age (please tick appropriately)	Gender (please tick appropriately)
<input type="checkbox"/> 16-25	<input type="checkbox"/> Male
<input type="checkbox"/> 26-50	<input type="checkbox"/> Female
<input type="checkbox"/> 50+	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Prefer not to say	
Disability (please tick appropriately)	Education (please tick appropriately)
<input type="checkbox"/> Learning difficulty	<input type="checkbox"/> No qualifications
<input type="checkbox"/> Learning disability	<input type="checkbox"/> NVQ or equivalent
<input type="checkbox"/> Long term or life-limiting illness	<input type="checkbox"/> GCSE
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> A Level
<input type="checkbox"/> Multiple disability	<input type="checkbox"/> Degree
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Post-graduate
<input type="checkbox"/> Sensory disability	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say
Employment, Education, Training Status (Please tick appropriately)	Sexual Orientation (please tick appropriately)
<input type="checkbox"/> Employed	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Not employed	<input type="checkbox"/> Gay
<input type="checkbox"/> In education	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> In training	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Prefer not to say	
Additional Information (please tick appropriately)	Future plans (please tick appropriately)
<input type="checkbox"/> Low income	<input type="checkbox"/> Moving onto other volunteering opportunities
<input type="checkbox"/> Homeless	<input type="checkbox"/> No longer volunteering
<input type="checkbox"/> At risk of exclusion	<input type="checkbox"/> Going into education
<input type="checkbox"/> Offender/ Ex-offender	<input type="checkbox"/> Going into training
<input type="checkbox"/> In or leaving care	<input type="checkbox"/> Going into employment
<input type="checkbox"/> Refugee	<input type="checkbox"/> Don't know
<input type="checkbox"/> Lone parent	<input type="checkbox"/> Other
<input type="checkbox"/> Young carer	<input type="checkbox"/> Prefer not so say
<input type="checkbox"/> None of the above	
<input type="checkbox"/> Prefer not so say	