**Volunteering Application Pack**

Thank you for your recent enquiry regarding volunteering at Possability People.

Enclosed you will find further information on volunteering with Possability People, our volunteer opportunities and how to apply.

We rely upon volunteers to ensure that the services for disabled people, their families, friends and carers continue to be delivered.  The challenge we face every year is not simply to keep our services going but to continually develop, expand and improve them.

When you volunteering you will receive…

* Support, encouragement and appreciation
* Training and references\*
* Reimbursement for travel expenses (see policy)
* A volunteer programme tailored to your needs
* The opportunity to socialise and meet new people

\*References can be provided after 6 months of any volunteer placement.

If you should require any assistance or further information about any of the volunteer opportunities within the organisation, please do not hesitate to contact.

Emily Keller

Office & Resources Manager

01273 89 40 40

volunteer@possabilitypeople.org.uk

“I felt heard and that I was important. I didn’t feel that my disability was made to be of importance in a negative sense” – Possability People Volunteer

**Volunteer Application Form**

Possability People welcomes interest from disabled and non-disabled people. The sites are all on ground level and are fully accessible. Possability People will make any reasonable adjustments necessary to create an accessible environment for all its staff and volunteers. Please complete the form in full and give as much information as possible as to why you would like to volunteer and what you would like to achieve from the experience.

**Please indicate the areas you are interested in and a specific project or role, if applicable:**

Office & Administration Y / N

Supporting People Y / N

**Specific** **Project or role:**

**AVAILABILITY**

 Monday Tuesday Wednesday Thursday Friday

Morning

Afternoon

Normal volunteering shifts are 10-1 or 1-4, Reception hours are 9 – 1 or 1 – 5.

**Comments:**

**PERSONAL DETAILS**

**Name:**

**Date of birth:**

**Phone:**

**Email:**

**Address:**

**Preferred Method of Communication:** PHONE / MOBILE / EMAIL

**EMERGENCY CONTACT**

**NAME:** **NUMBER:**

**SKILLS & INTERESTS**

**OCCUPATION**:

**SKILLS**:

**Do you speak any additional languages (including British Sign Language)? If so please state which language:**

**Please outline your reasons for wanting to be a Volunteer. What do you hope to gain from the experience and contribute to the service? Include any knowledge or experience of disability issues if applicable:**

**HOBBIES/INTERESTS:**

**PREVIOUS VOLUNTEER EXPERIENCE**:

**REFERENCES**

**(At least one reference must be a professional reference)**

**NAME 1**: **PERSONAL / PROFESSIONAL**

**Email:** **PHONE:**

**NAME 2:**  **PERSONAL / PROFESSIONAL**

**Email:**  **PHONE:**

**ACCESS REQUIREMENTS:**

**Do you have any access requirements which might require reasonable adjustments in order for you to undertake this role?:** YES / NO

Possability People welcomes applications from disabled people. If you have answered yes to the question above, we will contact you prior to being invited to an **informal** interview.

**DBS CHECKS**

Possability People conducts DBS checks for all Staff and Volunteers every two years. The level of check required will depend on the role of the Staff member or Volunteer.

Any Staff or Volunteers conducting home visits, working with clients on an on-going basis or one to one who meet the previous eligibility criteria for enhanced level checks with barred lists will be eligible for an Enhanced Check (without barred list).

All other Staff and Volunteers are eligible for a basic level check.

This post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are not entitled to withhold information when asked about convictions which for other purposes are ‘spent’ under the provisions of the Act.

In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Information given will be completely confidential.

**Have you ever been found guilty of a criminal offence?** YES / NO

**If yes, please give details:**

**PERMISSION TO VOLUNTEER**

**If you are from outside the EU/EEA European Economic Activity do you have a visa to show you are able volunteer in the UK?** YES / NO

If you have answered ‘YES’, please indicate to confirm you have the correct Visa (this should be a Tier 4 Visa.) and have the right to volunteer in the UK. Please bear in mind any other work/volunteer hours you are doing. We will ask to see the visa.

**I confirm I have a Tier 4 Visa allowing me to volunteer within the UK.** YES / NO

**How did you hear about us?** (please delete as applicable)

**Advert Other organisation Word of mouth**

**Website Another volunteer Other**

**SIGNED:**  **DATE:**

Please return this form to Emily Keller at Montague House, Montague Place, Brighton BN2 1JE or email back to volunteer@possabilitypeople.org.uk

If you would like this form in a different format please let us know by phoning 01273 89 40 40 or emailing volunteer@possabilitypeople.org.uk

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| **Equality Monitoring Form (optional)** |

To assist us with the equality monitoring of our service, please answer the questions below by ticking the appropriate box about you or the person you are representing. This information is confidential. If you require this publication in an alternative format and/ or language, please contact us to discuss your needs. This form is available to download from our website: [www.possabilitypeople.org.uk](http://www.possabilitypeople.org.uk)

**1. How old are you? …………….**

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| **2. Are your day to day activities limited due to being a disabled person?** |
| Yes – A little |  | Yes – A lot |  | No |  |
| **If YES** please state your type of impairment (tick all that apply) |
| Physical  |  | Sensory  |  | Learning  |  |
| Mental Health |  | Long standing illness |  | Developmental Condition |  |
| Other:……………………………………………………………………………………………………………….. |
| If you wish, you may say more about your disability, and what adjustments we might need to make in order to allow you to make the best use of our services: |

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| **3. Are you a Carer?** |
| Yes |  | No |  |  |
| **If YES** who do you care for? |
| Parent |  | Child |  | Other family member |  |
| Partner/ Spouse |  | Friend |  | Other:…………………………………… |

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| **4. Sexual Orientation** |
| Heterosexual (straight)  |  | Gay Man |  | Other: |
| Lesbian (Gay Woman) |  | Bisexual |  |

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| **5. What’s your Gender?** |
| Female |  | Male |  | Other…………………………………… |
| Do you identify as the gender you were assigned at birth? | Yes |  | No |  |

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| **6. What is your Religion/ Belief?** |
| Buddhist |  | Muslim |  | Humanistic |  |
| Christian |  | Pagan |  | None |  |
| Hindu |  | Sikh |  | Other:(Please State) |
| Jain |  | Agnostic |  |
| Jewish |  | Atheist |  |

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| **7. How would you describe Ethnic Origin?** |
| English/ Welsh/ Scottish/ Northern Irish/ British |  | Caribbean |  | Chinese |  |
| Irish |  | Bangladeshi |  | Arab |  |
| Gypsy or Irish Traveller |  | Indian |  | Asian & White |  |
| African |  | Pakistani |  | Black African & White |  |
| Black Caribbean & white |  | Any other white back-ground………………………………… | Any other black back-ground…………………………………… |
| Any other Asian back-ground………………………………….. | Any other mixed back-ground………………………………… | Any other ethnic group…………………………………… |

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| **8. Armed Forces Service** |
| Are you currently serving in the UK Armed Forces? | Yes |  | No |  |
| Have you ever served in the UK Armed Forces? | Yes |  | No |  |
| Are you a member of a current service persons immediate family? | Yes |  | No |  |

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| **9. Do you have access to the internet** |
| Yes |  | No |  |  |