



## Volunteer Application Form

Initial Contact Date:	Initials of Interviewer:
Date of Interview:	New or existing volunteer?

**(Please complete in capital letters)**

Title – Mr/Mrs/Miss/Ms/Other:	Family Name:
First Name:	Date of Birth:
Preferred name:	Age at interview:
Address:	
	Postcode:
Contact Phone Numbers: (home) (business) (mobile)	E-mail address:
(if currently attending) School/college/university:	Present occupation:
Time(s) available to volunteer:	Usual means of transport Car <input type="checkbox"/> Bike <input type="checkbox"/> Public Transport <input type="checkbox"/> Walking <input type="checkbox"/>

What are your reasons for volunteering?  
(e.g. Interest and enjoyment, meeting new people, gain experience)

Which volunteer post are you applying for?

<p>Skills. What skills do you have? (e.g. IT, interpersonal, life skills)</p>	<p>What skills would you like to develop? (e.g. IT, interpersonal, life skills)</p>
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Relevant Information (Please enter details that you wish to share – e.g. Do you have any additional support needs, either physical, sensory or mental health; have you been bereaved within the last two years; will you volunteer with your child etc.)

I agree to relevant personal details being held on file and understand that under the Data Protection Act, with prior notification, I have the right to access this documentation.

I also agree to the above information (i.e. basic details of name, address, contact phone number and any additional support needs) being transferred to the Riverside Community Association computerised database

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Riverside Community Association**  
Riverside Centre  
113 Culvers Avenue, Carshalton. SM5 2FJ  
020 8669 9050  
[www.riversidecentre.org](http://www.riversidecentre.org)

# Equality & Diversity Monitoring Form

All sections on this form are optional and they are used solely to monitor diversity among our volunteers. All information is kept completely confidential. Thank you for completing this form.

**Please tick age range and gender**

Age range			Gender	
Below the age of 16			Male	
16-17			Female	
18-19			Transgender	
20-25			Prefer not to say	

**Please tick your ethnicity in the table below**

Indian		Asian and White	
Pakistani		Other Dual Heritage Background	
Bangladeshi		Roma	
Other Asian background		Irish Traveller	
Caribbean		New Age traveller	
African		Other Traveller	
Other Black Background		White British	
Chinese		White Irish	
Black Caribbean and White		Other White Background	
Black African and White		Other Ethnic Group	
		Prefer Not to Say	

**Would you describe yourself as having any kind of disability?**

No	
Yes	

*(If yes, please give details below)*

Type		Details (if you wish)
Learning difficulty		
Learning disability		
Longer term or life limiting illness		
Mental Health issues		
Multiple disability		
Physical disability		
Sensory disability		
Prefer not to say		

**Please tick your current Employment/education status and tick the qualifications you hold**

Employed			No qualifications	
Unemployed			NVQ or equivalent	
In Education / Learning			GCSEs	
In Training			A – levels	
Self Employed			Degree	
Other – non employed			Post-graduate	
Part time employed			Other	

**Please tick any of the categories below that you feel apply to you**

Type		Details (if you wish)
Low income		
Homeless		
At risk of exclusion		
Offender / Ex-offender		
In or Leaving Care		
Refugee or Asylum Seeker		
Lone parent		
Young Carer		
Not applicable/prefer not to say		

**Please tick any of the categories below that you feel apply to you**

Bisexual	
Gay	
Heterosexual	
Lesbian	
Other	
Prefer not to say	

**How did you hear about us?**

School/College		Friend/Relative		Careers/Employment Services		Presentation	
Just Know		Website/Internet		Keyworker		Shopping Centre	
Newspaper		Fair/Open Day		Social Services		Other	

This section is for our use only

Date	Action	Initials