

## VOLUNTEER APPLICATION FORM

We are extremely grateful for the generous support of our volunteers. Please complete the application form below and return to us either by email to [info@crossroadsiom.org](mailto:info@crossroadsiom.org) or by post to **Units B5 & B6, Eden Business Park, Cooil Road, Braddan, Isle of Man, IM4 2AY**. **All applications are treated confidentially.**

Name

Date of birth   /   /

Address

Daytime contact telephone

E-mail

What interests you about joining Crossroads?

What days/times would you be available to volunteer and what area would you prefer to work in?

Are you interested in volunteering for fundraising events?  Yes  No

Are you now or have you been a carer?  Yes  No

Do you know of any reason which would prevent you from becoming a volunteer for a charity?  Yes  No (Please specify below)

### FOR OFFICE USE ONLY

Date received   /   /

Approved Yes  No

Date appointed   /   /

## REFERENCES

Please give details of two people who can be contacted for a reference. If you are under 18 and in full-time education one reference from a tutor is sufficient.

### Reference 1

Name

Address

Daytime contact telephone

Occupation

### Reference 2

Name

Address

Daytime contact telephone

Occupation

## REHABILITATION OF OFFENDERS ACT 2001 AND EXCEPTION ORDER 2001

If the activity for which you are volunteering necessitates contact with vulnerable children and/or adults, you must provide information about any convictions. Our power to require this lies in the Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001 which removes the normal operation of the Act in relation to specific occupations.

If you have no convictions  
please write NONE

If you do have any previous or outstanding convictions, details of the type of offence, date, sentence, fine etc. should be placed in a separate, sealed envelope which will subsequently be returned to you. Such information will be completely confidential.

I declare that the information supplied above is fair and accurate to the best of my knowledge

.....

Signed

.....

Date

## EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

This organisation strives to be an Equal Opportunities employer and has a clear policy in terms of challenging discriminatory practices. In order, therefore, to have accurate information about our own performance we would be grateful if you could co-operate with us by completing this Monitoring Questionnaire and returning it with your application form. All information received will be treated in strict confidence.

Post applied for

### Ethnic origin:

How would you describe your cultural or ethnic origin?

N.B.: Please note that ethnic origin is not a matter of nationality, right of abode in the UK, or the place of birth. (Tick one box only)

White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black Other	<input type="checkbox"/>		
Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>	(Please specify)			

### Gender:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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### Disability:

Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995?

*i.e. Do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?*

Yes  No