



Volunteer Application form

Please read the role description before completing this form.

PERSONAL DETAILS

Name

Address.....

.....

Home Phone..... Mobile Phone

Email.....

I am happy for Diabetes UK to contact me by email:

Tell us which area of volunteering you are interested in (please tick all that apply):

For more information please visit our website
http://www.diabetes.org.uk/In_Your_Area/South_East/

| | |
|----------------------------|--|
| School Speaker | |
| Speaker Volunteer | |
| Events Volunteer | |
| Know your risk Volunteer | |
| Fundraiser ambassador | |
| | |
| Help with your local group | |

REFERENCES

If you have worked in the past five years, at least one reference should be obtained from your last employer. If not, give the names of people who know you well.

Referee one

Name Capacity known to you

Address.....

Telephone..... Email

Referee two

Name Capacity known to you

Address.....

Telephone..... Email



REHABILITATION OF OFFENDERS ACT 1974

Do you have any unspent convictions? Yes No

If yes, please specify:.....

Please note that a conviction will not necessarily exclude you from volunteering with Diabetes UK, but will be taken into account when assessing your suitability. Some volunteer roles will require you to complete a Criminal records Bureau check.

EXPERIENCE, LEARNING AND SKILLS

Please tell us a bit about yourself. For example, are you working, studying, retired or looking for work? Have you done any volunteering before? Why do you want to volunteer with Diabetes UK? Why you think you will be suitable for this role?

Make sure you refer to the volunteer role description which explains what skills and experience we are looking for. Please continue on one extra sheet if necessary.

How did you find out about this volunteer role?

.....

Please return completed forms to: Volunteer Development Team Diabetes UK South East
Blenheim House, 1 Blenheim Road Epsom KT19 9AP
Tel: 01372 720 148
Email: south.east@diabetes.org.uk



EQUAL OPPORTUNITIES MONITORING

The information in this section is used only for the purposes of ensuring the effectiveness of our Equal Opportunities Policy, which is available on request.

Gender:

Male Female

Age group:

| | | | | | | | |
|----------|---------|---------|---------|---------|---------|---------|------------|
| Under 18 | 18 - 24 | 25 – 34 | 35 – 44 | 45 – 54 | 55 – 64 | 65 – 74 | 75 or over |
| | | | | | | | |

How would you describe yourself?

Using the following classifications, how would you describe your ethnic origin (please tick appropriate box).

Asian or Asian British:

| | |
|------------------------|--------------------------|
| Indian | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> |
| Other Asian background | <input type="checkbox"/> |
| All Asian groups | <input type="checkbox"/> |

Black or Black British

| | |
|------------------------|--------------------------|
| Caribbean | <input type="checkbox"/> |
| African | <input type="checkbox"/> |
| Other Black background | <input type="checkbox"/> |
| All Black groups | <input type="checkbox"/> |

Chinese or Other Ethnic Groups

| | |
|-----------------------------|--------------------------|
| Chinese | <input type="checkbox"/> |
| Other ethnic group | <input type="checkbox"/> |
| All Chinese or Other groups | <input type="checkbox"/> |

Mixed

| | |
|---------------------------|--------------------------|
| White and Black Caribbean | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> |
| Other mixed background | <input type="checkbox"/> |

White

| | |
|------------------------|--------------------------|
| White British | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> |
| Other White background | <input type="checkbox"/> |
| All white groups | <input type="checkbox"/> |

All ethnic groups

| | |
|----------------------------------------|--------------------------|
| Irish Travellers | <input type="checkbox"/> |
| Romany | <input type="checkbox"/> |
| Other Ethnic Group (Please describe :) | <input type="checkbox"/> |
| | <input type="checkbox"/> |



Do you consider yourself to have a disability/impairment?

Yes No

Do you have any particular requirements that might affect your volunteering?

(e.g. diet, disabilities, religion)

Yes No

Please discuss any requirements you have with your main contact so that we can make any adjustments you need.