

## Volunteers – Expression of Interest Form

Please complete this form if you're interested in a volunteering opportunity at Sanctuary Supported Living.

Personal details	
Title	
Name	
Address	
Telephone Number	

Volunteering opportunity information	
Volunteering opportunity applied for (including location)	
<b>Personal Statement</b> Explain why you would like to volunteer, and what hobbies, skills, special interests or qualities that you have that may be relevant to the volunteer role.	
When can you start volunteering?	
What are the number of weekly hours you can do? (We ask a minimum of four hours per week)	
Will be available during school holidays/half terms?	

**Education and employment history**

**General education**

Please tell us about any educational background that would be relevant to the volunteer role you are applying for

Please tell us about any other courses/relevant training you have completed

**Employment History/ Volunteering Experience**

Please provide details of your most recent employer

**Name of employer**

**Address**

**Contact number**

**Job title**

**Dates employed**

**Outline of duties/responsibilities**

<b>References</b>	
Please provide details of two referees. Where possible, both should be from former employers. If this is not possible, please provide one employer's reference and one personal reference, or two personal references.	
<b>Referee 1</b>	
<b>Name</b>	
<b>Job title</b>	
<b>Company name and address</b>	
<b>Telephone number</b>	
<b>E-mail address</b>	
<b>Relationship to you</b>	
<b>Referee 2</b>	
<b>Name</b>	
<b>Job title</b>	
<b>Company name and address</b>	
<b>Telephone number</b>	
<b>E-mail address</b>	
<b>Relationship to you</b>	
<b>Emergency contact details</b>	
<b>Contact name</b>	
<b>Contact address</b>	
<b>Contact telephone number</b>	
<b>Relationship to you</b>	

## What is your ethnic group?

### Equal opportunities

This form will be used for monitoring purposes only and will be considered separately from your application.

Sanctuary Group has a statutory duty and commitment to promote equality of opportunity in all areas of its recruitment. We aim to treat all prospective volunteers equally. We welcome applications regardless of race, colour, nationality, ethnic or national origins, sex, disability, sexual orientation, gender reassignment, marital or civil partner status, pregnancy or maternity, age or religion or belief. To assist us in achieving our aims, please complete the form below.

<b>A. White</b>	English/Welsh/Scottish/Northern Irish	<input type="checkbox"/>
	Gypsy or Irish Traveller	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>
	Please state:	
<b>B. Mixed/ multiple ethnic groups</b>	White & Black Caribbean	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>
	Any other mixed/multiple ethnic background	<input type="checkbox"/>
	Please state:	
<b>C. Asian/Asian British</b>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
	Please state:	
<b>D. Black/African/Caribbean/Black British</b>	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Any other Black/African/Caribbean background	<input type="checkbox"/>
	Please state:	
<b>E. Other ethnic group</b>	Arab	<input type="checkbox"/>
	Any other Ethnic Group	<input type="checkbox"/>
	Please state:	
<b>F. Decline to answer</b>	<input type="checkbox"/>	

### What is your religion?

Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Jewish	<input type="checkbox"/>

Sikh	<input type="checkbox"/>
No religion	
Other, please state:	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>
<b>Do you consider yourself to have a disability as defined by the Equality Act 2010? 'A physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>
<b>Type of impairment</b>	
Physical impairment (such as needing to use a wheelchair to get around and/or difficulty using your arms)	<input type="checkbox"/>
Sensory impairment (such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment)	<input type="checkbox"/>
Mental health condition (such as depression or schizophrenia)	<input type="checkbox"/>
Learning disability (such as Down's Syndrome or dyslexia, or a cognitive impairment such as autism or head-injury)	<input type="checkbox"/>
Long standing illness or health condition (such as cancer, HIV/AIDS, diabetes, chronic heart condition or epilepsy)	<input type="checkbox"/>
Other, please state:	<input type="checkbox"/>
<b>What is your sex?</b>	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>
<b>Is your gender identity the same gender you were assigned at birth?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>
<b>What is your sexual orientation?</b>	
Heterosexual/ straight	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>

Decline to answer	<input type="checkbox"/>
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What is your relationship status?	
Civil partnership	<input type="checkbox"/>
Co-habiting	<input type="checkbox"/>
Married	<input type="checkbox"/>
Single	<input type="checkbox"/>
Other, please state:	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>
Date of birth	

**Please note this Equal Opportunities Monitoring Form will be used for monitoring purposes only and will be considered separately from your application.**

**Thank you for completing this form. Please return this form to the contact name on the volunteering advert.**