



Volunteer Application Form

Please complete this form and email to volunteer@purfleettrust.org.uk

Please continue on a separate sheet should you need to.

Surname	
Forename(s)	
Address	
Postcode	
Telephone (Mobile)	
Telephone (Landline)	
Email address	

Section 1: General

How did you find out about volunteering at The Purfleet Trust?

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Are you, to the best of your knowledge, associated with any member of staff, client or Board member at The Purfleet Trust? If yes, please give details.

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Section 2: Volunteer Roles

Please give us details about what you are interested in doing as a volunteer – indicate all that apply and please remember that experience isn't always necessary and in some cases training can be given.

Health & Wellbeing Centre	Making tea, coffee, breakfast and a cooked lunch for our clients. Laundry and light cleaning.	Yes/No
Gardening	Maintain gardens at our Training Houses. Cultivate fruit and vegetables to use in our HWBC kitchen.	Yes/No
Purfleet Pantry (Social Supermarket)	Helping customers on the shop floor providing excellent customer service. Cashier skills behind the till and taking payment Keeping the shop tidy, clean and well organised Stock replenishment	Yes/No
Administration	To help in our reception areas, greeting clients, answering the telephone and general administrative duties.	Yes/No
Drivers & collection/delivery support	To collect furniture, household items and clothing from donors and deliveries to clients moving into accommodation. <ul style="list-style-type: none"> You will need to be physically fit and active due to the lifting and carrying involved in this role. A clean valid driving licence is essential for driver role (not support) 	Yes/No

Donation support	Preparing donated items for sale instore or online. Identifying unsaleable items for recycling. Keeping the stock rooms organised and tidy	Yes/No
Events Team	To support at both internal and public events helping with our vital fundraising and raising awareness of our work. These opportunities will be sent out to you as they come up and you can choose which you attend.	Yes/No

Section 3: Other Opportunities

Other volunteering opportunities will arise, we would really like to hear from you about anything you would particularly like to offer.

Please give details for any previous volunteer experience, interests, hobbies or skills that you would like to make use of in your volunteering role – eg: art/craft skills, photography, marketing, cooking, fundraising

Section 4: Availability

When would you be available to volunteer? (Please select your availability and comment any additional details regarding your availability below)

Day	AM	PM	Full Day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday (events only)			
Sunday (events only)			

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Section 5: References

Please give the names of two referees who know you in a work and/or personal context, the first of whom should be your current or most recent employer if applicable.

Referees will not be contacted until a consent is given.

Referee 1		Referee 2	
Name		Name	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email		Email	
Relationship		Relationship	

Section 6: Rehabilitation of Offenders Act 1974

The nature of this post means that it is exempt from the provisions of the Rehabilitation of Offenders Act 1974. Therefore, no convictions may be considered as 'spent'. The duties of the job also make the appointment subject to a check of police records. Consequently, all applicants must state whether they have any convictions, cautions or bind over that will show in a police check. Any information given will be treated in complete confidence. Any failure to declare any convictions, cautions or bind over that subsequently come to light will lead to the withdrawal of any offer of volunteer roles or action which may lead to termination of your volunteering.

I have read and understood this statement about convictions etc. and agree to enquiries being made of the Criminal Records Bureau in order to apply for Enhanced Disclosure.

Have you ever been convicted of a criminal offence?

Yes	
No	

If yes, please give details including dates and sentences.

Conviction	Dates	Sentence (please indicate whether this is current or spent)

Are you currently on a Probation Order or in contact with a Probation Officer or other professional in relation to your conviction?

Yes	
No	

Section 7: Declaration and Data Protection

By signing and/or returning this application form, I confirm that the information supplied both by me and third parties, such as referees, to The Purfleet Trust for the purposes of recruitment may be retained in a confidential file for a maximum period of six months and disposed of thereafter.

I declare that, to the best of my knowledge and belief, the information provided is correct and agree they should form the basis of any future applications. I understand that should any information on this application form be found to be false and/or that I have withheld relevant details, my application may be rejected or if appointed I may be dismissed.

Signature:

Print name:

Date:

Please return your application form, monitoring form & any supporting documentation in an envelope marked **CONFIDENTIAL – APPLICATION** to:

Debbie Schulman
Pathway House
Austin Fields
King's Lynn
Norfolk
PE30 1PH

01553 767829

Or volunteer@purfleettrust.org.uk

Equality and Diversity Monitoring Form

Why we are asking you to complete this form

The Purfleet Trust is committed to promoting equality, eliminating discrimination and we are aiming to achieve diversity within our staff and volunteer teams. You do not have to answer these questions and we understand some of this information is personal and sensitive. However this data helps us with internal monitoring to check we are succeeding in the aims laid out in our Equality and Diversity Policy.

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics to inform our internal discussions about improving diversity within the team but no information will be used in any way which allows an individual to be identified.

The information we are asking you to provide is informed by our duties under the Equality Act 2010 and includes information about your age, race, sex and sexual orientation.

Equality information

1. What age group do you belong to?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 18–25 | <input type="checkbox"/> 56–65 |
| <input type="checkbox"/> 26–35 | <input type="checkbox"/> 65 + |
| <input type="checkbox"/> 36–45 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 46–55 | |

2. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?

- | | |
|--|--|
| <input type="checkbox"/> Yes, limited a little | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Yes, limited a lot | |
| <input type="checkbox"/> No | |

3. If you answered 'yes' to question 2, please indicate your disability:

- | | |
|--|---|
| <input type="checkbox"/> Vision (eg due to blindness or partial sight) | <input type="checkbox"/> Stamina or difficulty breathing |
| <input type="checkbox"/> Hearing (eg due to deafness or partial hearing) | <input type="checkbox"/> Social or behavioural issues (eg due to autism, attention deficit disorder or Asperger's syndrome) |
| <input type="checkbox"/> Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects | <input type="checkbox"/> Other impairment |
| <input type="checkbox"/> Learning, concentrating or remembering | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Mental health | |

4. What is your ethnic group?

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

White:

- Welsh/English/Scottish/Northern Irish/British Irish
- Gypsy or Irish Traveller

Any other White background, please write in

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cont.

Mixed:

- White and Black Caribbean
- White and Black African
- White and Asian

Any other mixed background, please write in

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Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background, please write in

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Black or Black British:

- Caribbean
- African

Any other Black background, please write in

.....

Other ethnic group:

- Arab

Any other, please write in

.....

- Prefer not to say

5. What is your gender?

- Male
- Female
- Prefer not to say

Prefer to self-identify, please write in

.....

6. Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/or your gender role more in line with your gender identity? This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery.

- Yes
- No
- Prefer not to say

7. What is your legal marital or civil partnership status?

- Divorced
- Formerly in a registered civil partnership which is now dissolved
- In a registered civil partnership
- Married
- Never married and never registered a civil partnership
- Separated, but still in a registered civil partnership
- Separated, but still legally married
- Surviving partner from a registered civil partnership
- Widowed
- Prefer not to say

8. What is your religion?

- No religion
- Atheist
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh

Any other religion, please write in

.....

- Prefer not to say

9. Which of the following options best describes your sexual orientation?

- | | |
|--|--|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Prefer to self-identify |

10. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability, or problems related to old age?

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50 or more hours a week
- Prefer not to say

