

**Volunteer Registration Form**

Thank you for your interest in volunteering with KairosWWT. Please fill in the Registration form as fully as you can. Due to the nature of the work we can only take on female volunteers for the voluntary positions requiring contact with service users.

**Contact Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Address:  Postcode: |  | | | |
| Email Address |  | | | |
| Phone | Daytime |  | Evening |  |
| Mobile |  | | |

**Your Experience**

The following questions are designed to help us understand some of your experiences and expectations and thereby assist us in allocating you to a suitable volunteering role.

|  |  |
| --- | --- |
| a. | What do you hope to gain from volunteering with Kairos WWT? |
|  |  |
| b. | What interests or hobbies do you have? |
|  |  |
| c. | What experience do you bring to the role (please include details of any relevant paid or unpaid role you have had)? |
|  |  |
| d. | Please tell us about any qualifications you hold, or training you have received. |
|  |  |

**Your Availability**

Please indicate which days and times you are available to volunteer:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | Mon | Tues | Wed | Thurs | Fri |
| **Time** | AM | AM | AM | AM | AM |
| PM | PM | PM | PM | PM |
| Evening | Evening | Evening | Evening | Evening |

Please indicate which volunteering position(s) you are interested in:

|  |  |  |  |
| --- | --- | --- | --- |
| Feeling Safe Volunteer (18-24yrs) |  | Trustee |  |
| Street Outreach & Evening Drop In |  | Running a workshop / training session |  |
| Mentoring |  | Fundraising |  |
| Admin |  | Social Media/Marketing |  |

**References**

Please provide contact details for two people who would be happy to provide a reference for you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Name |  |
| Address |  |  | Address |  |
| Contact Number |  |  | Contact Number |  |
| Email |  |  | Email |  |

If you have any difficulties completing this application form please contact Kairos on 02476 559550. If you would like to find out more about Kairos WWT, log onto our website [www.kairoswwt.org.uk](http://www.kairoswwt.org.uk) or contact us on the above number. Once we have received your form, we will contact you to invite you to attend an interview. If there are no positions available at the time you return your form we will keep your form on file and contact you when a position becomes available.

**Please note that two references will be required.**

Please return your form by email, or post to:

Volunteer Coordinator

Kairos WWT

St Peter’s Centre

Charles Street

Coventry

CV1 5NP

admin@kairoswwt.org.uk

**Privacy Statement:**

KairosWWT collects personal information about you when you apply for a paid, or voluntary position with us, make a donation, or when you register with us as a Service User. We will use this information to provide the services requested, fulfil our obligations under a contract, manage donations, or correspond with you. For more information explaining how we use your information please request our Privacy Policy.

# Kairos-Social-Media-Profile-IconEquality and diversity monitoring form

KairosWWTwants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the work and volunteer force in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation. This sheet will be detached from your Registration form and will remain anonymous and confidential.

**Gender** Male 🗆 Female 🗆 Prefer not to say 🗆

**Age** 18-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the volunteer co-ordinator.

**What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Bisexual 🗆

Prefer not to say 🗆 If other, please write in:

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in:

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆

Primary carer of a child/children (under 18) 🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆

Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆