

**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 by which days and times you are available to volunteer by ticking the relevant boxes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | Mon | Tues | Wed | Thurs | Fri |
| **Morning (9am – 12pm)** |  |  |  |  |  |
| Afternoon (12pm – 5pm) |  |  |  |  |  |
| Evening (5pm – 10pm) |  |  |  |  |  |
| Notes:  Please use the box to give us any specifics on your availability |  | | | | |

**Which role(s) are you interested in?** Please refer to the current vacancies listed at [www.kairoswwt.org.uk/volunteer](http://www.kairoswwt.org.uk/volunteer)

|  |
| --- |
| *Write here which vacancies you are interested in.* |

**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 |  |

**Volunteering application process**

If you have any difficulties completing this application form please contact Kairos on 02476 559550 or email [admin@kairoswwt.org.uk](mailto:admin@kairoswwt.org.uk)

If you would like to find out more about KairosWWT before applying, visit 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 you are then accepted to become a KairosWWT volunteer, you will attend mandatory training as well as training relevant to your role.

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.**

**Declaration – please read**

I understand and agree that data contained in this registration form will be used for volunteer registration purposes and will be held on a computer database. I also agree to KairosWWT holding this form in paper format in a secure area.

I confirm that the information I have given is true and that if any statements I have given are not true, or if I have missed out any important information, my volunteering placement could be stopped. I also confirm that I know of no reason why I should not be suitable to volunteer with KairosWWT.

|  |  |
| --- | --- |
|  | **I** agree to the above declaration |
|  | I also give my consent to receive other communications by email from Kairos outside those which directly relate to any volunteering placement(s) I may undertake. This includes opportunities to support marketing campaigns, attend information evening events, fundraising, and project updates. *(please note – if you do not tick this box it does not exclude you from becoming a volunteer)* |

**Please return your form by email to** [**admin@kairoswwt.org.uk**](mailto:admin@kairoswwt.org.uk)

**or you can print and post it to:**

Volunteer Coordinator

Kairos WWT

St Peter’s Centre

Charles Street

Coventry

CV1 5NP

**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