**Volunteer Registration Form**

Thank you for your interest in volunteering with Kairos Women Working Together. Due to the nature of the work we can only take on female volunteers for the voluntary positions under Section 9 of the Equality Act 2010

Please fill in the Registration Form if you are interested in volunteering and able to commit to the dates and times of the position you are applying for.

**Volunteering application process**

If you have any difficulties completing this application form please contact Kairos WWT on 02476559550 or email [hannah.coban@kairoswwt.org.uk](mailto:hannah.coban@kairoswwt.org.uk). If you would like to find out more about Kairos WWT before applying, visit our website [www.kairoswwt.org.uk](http://www.kairoswwt.org.uk) or contact us on the above number.

Once you have completed and returned this form, Kairos WWT will shortlist candidates. If successful, you will need to attend the volunteer interview to complete the next stage of the application process. If you are then accepted to become a Kairos WWT volunteer, you will need to provide two satisfactory references, complete an enhanced DBS check, attend mandatory training as well as training relevant to your role. All volunteers are expected to commit to a minimum of 12 months to ensure consistency for Kairos WWT service users.

**I can confirm that I am interested in volunteering with Kairos WWT and I am able to attend the volunteer interview TBC**

**Contact Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Address: |  | | | |
| 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. | Why have you chosen Kairos WWT as a place to volunteer, and what do you hope to gain from volunteering with us? |
|  |  |
| b. | What do you think you can bring to the role as a Kairos WWT volunteer?  *(please include details of any relevant values, skills, qualifications, training or experience you have had)* |
|  |  |
| c. | Do you have any particular needs that we should be aware of so as to best support your volunteering with us? |
|  |  |

|  |
| --- |
| **Role Availability**  Please tick all voluntary roles you are interested in:  *Please note that there are limited positions for each role and so although your preference will be taken into consideration, voluntary offers will be dependent upon availability and the needs of Kairos WWT services.*  *Please refer to the Job Description for details* |
| 1. **ASPIRE – Street Outreach and Evening Drop-In** 2. **ASPIRE – Warrior Group** 3. **Feeling Safe – Support Group** 4. **Awareness Raising Sessions** |

**References - REQUIRED**

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 |  |
| Relationship to referrer |  |  | Relationship to referrer |  |

**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 securely on a computer database.

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** [hannah.coban@kairoswwt.org.uk](mailto:hannah.coban@kairoswwt.org.uk)

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

Volunteer Coordinator

Kairos WWT

Coventry All Saints Church - St Margaret’s

50 Walsgrave Road

Coventry

Stoke

CV2 4EB

**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. We will keep your personal data on file for a 12-month period unless requested otherwise. For more information explaining how we use your information please request our Privacy Policy.

# Equality 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