



STEPPING STONE PROJECTS

VOLUNTEER APPLICATION FORM

Personal Details

Surname		First Name	
Address		Home phone	
		Daytime/mobile	
		E-mail	
		Date of Birth	
Postcode		National Insurance No	

Do you have a current driving licence?

Yes	
No	

Please list the type of role(s) that you are applying for:

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Availability: Please tell us when you are available to volunteer?

	Morning	Afternoon	Evening	Comments
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

How frequently would you like to volunteer?

Daily	
Weekly	
Fortnightly	
Monthly	
Other	

How long do you anticipate that you would like to volunteer?

	Please record any comments you wish to make
Up to a month	
Up to 6 months	
Up to a year	
More than a year	
One off events and fundraising	
Not sure?	

Why are you interested in volunteering with Stepping Stone Projects?

Skills and Experience

Please indicate in the boxes below the skills that you possess giving a brief explanation. You do not have to have experience in all these areas; we will use this information to help match your skills with the appropriate volunteering roles we have available.

➤ Experience of working with homeless people, people at risk of homelessness or people who are vulnerably housed
➤ Experience of working with young people
➤ Experience of mentoring, advocacy, befriending

➤ Ability to work with people from different backgrounds: cultural, disabilities, health issues
➤ Office administration: reception duties, answering the phone, filing, fax, dealing with clients/customer enquiries
➤ Computer literacy
➤ Experience of fundraising, bid Writing, event planning
➤ Spoken languages or sign language
➤ Arts, music, media, photography, drama, creative writing
➤ Practical skills: cooking, gardening, sports
➤ Hairdressing, beauty therapy

Please give a short summary of your work experience (paid/voluntary) and any other information that you feel is relevant to your application.

References

Please give the names and addresses of two people who will supply references on your ability to volunteer. These should not be family members or friends.

Please note we request references prior to interview

Name		Name	
Address		Address	
Position		Position	
E-mail		E-mail	

Further Details

Stepping Stone Projects welcomes applications from suitable applicants with disabilities.

Do you have any health problems or disability which you feel the Projects should take into consideration, or are there any special needs, adaption's or other requirements which you feel you would need to enable you personally to undertake the role, which you are applying for?

Information provided will be regarded as confidential.

Declaration

The information I have given on the form is true and accurate to the best of my knowledge.

I understand that prior to any volunteering opportunities being carried out I must disclose any previous criminal convictions and consent to an Enhanced Disclosure and Barring Check being completed (Formerly known as CRB)

Please note that a conviction may not prevent you from volunteering, however the organisation needs to complete a risk assessment so as to ensure that we safeguard our clients, staff and the organisation

SIGNATURE..... **DATE**.....

Your application form must be returned to: -

Recruitment@stepping-stone.org.uk or Stepping Stone Projects, Central Office, St Chad's House, 32 Church Stile, Rochdale OL16 1QE .

STEPPING STONE PROJECTS EQUAL OPPORTUNITIES MONITORING FORM

Please could you respond to this information request positively as it will help us to ensure that our volunteering procedures and practices do not inadvertently discriminate against you because of your ethnicity, disability, gender, sexual orientation, age or religion and belief.

ETHNICITY

How would you describe yourself?

Asian or Asian British 1. Bangladeshi 2. Indian 3. Pakistani 4. Any other please write here
Black or Black British 1. African 2. Caribbean 3. Any other, please write here
Chinese or other ethnic group 1. Chinese 2. Any other, please write here
Mixed heritage 1. White and Asian 2. White and Black African 3. White and Black Caribbean 4. Any other, please write here
White 1. British 2. English 3. Irish 4. Scottish 5. Welsh 6. Traveller 7. Any other, please write here 8. Prefer not to say

DISABILITY

Do you have a physical or mental impairment or long-term health condition 1. Yes 2. No
Is this expected to last, or has it lasted, for a year or longer 1. Yes 2. No
Does this make it difficult for you to do things that most people do on a fairly regular and frequent basis? 1. Yes 2. No
Do you consider yourself to have a disability or long term health condition? 1. Yes 2. No

What is the effect or impact of your disability or health condition?

1. Prefer not to say
2. Mobility
3. Mental health
4. Learning disability
5. Hearing impairment
6. Visual impairment
7. Progressive disability/chronic illness
8. Other, please write here

GENDER

Would you describe yourself as:

1. Male
2. Female
3. transgender
4. Prefer not to say

Is this the gender identity the same as the gender you were assigned at birth

1. Yes
2. No

SEXUAL ORIENTATION

What is your sexual orientation?

1. Bisexual
2. Gay man
3. Gay woman/Lesbian
4. Heterosexual/straight
5. Other
6. Prefer not to say

AGE

What is your date of birth?

Age

RELIGION AND BELIEF

Please tick the box which best describes you:

1. Buddhist
2. Christian
3. Hindu
4. Jewish
5. Muslim
6. Sikh
7. Other religion or belief (please state)
8. No religion
9. Prefer not to say

Thank you for your time, this information will only be used to monitoring the accessibility for our organisation and to ensure continuous improvement.