



Community Led Action Support Project Volunteer Application Form

Personal Details:

First Name:	
Middle Name:	
Surname:	
Preferred Name:	
Address:	
Post Code:	
Tel/Mob Number:	
Email Address:	
Occupation:	

Equalities Monitoring:

Male Female Other

Age Range: (please tick) 18-30 31-49 50+

Ethnic Origin:

White Scottish		Caribbean		Indian		Other Ethnic Group	
Other White British		African		Pakistani		Other South Asian	
White Irish		Black Scottish		Bagladeshi			
Other White		Any Mixed Background		Chinese			

Citizenship Status:

EU citizen		UK Visa Holder		Asylum Seeker		Refugee		Other	
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Further Information: which area of the project's work are you interested in? (please tick)

- Activities Befriending
- Admin Support
- Digital Support
- Lunch Club
- Telephone Befriending

Do you have any experience of training in this kind of work?

Yes No

Please detail your experience, skills and qualities for the type of work that you are interested in (include hobbies): (This will be useful to us when matching volunteers or assessing suitability as a volunteer in other areas of the project).

Do you have any special requirement (e.g. disability; childcare)?

Yes No

If you have selected Yes, please explain your requirements:

(please tick yes or no):

Would you be willing to undertake training?

Yes

No

Do you have access to your own transport?

Yes

No

Do you have a current Driving Licence?

Yes

No

Would you be willing to use your own transport
in your work as a volunteer

Yes

No

(Please note that the above is applicable to the volunteer particular role/description).

Availability: (please tick)

Tick	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
(am)							
(pm)							

Because of the sensitive nature of some of the project's work, it is necessary for the project to seek references and apply for a Disclosure Check on your behalf.

Do you agree to C.L.A.S.P. applying for references and Disclosure Check?

Yes

No

Referee Details: (please note that we cannot accept references from family members)

Title:		Title:	
First Name:		First Name:	
Surname:		Surname:	
Address:		Address:	
Town:		Town:	
Postcode:		Postcode:	
Tel/Mob No		Tel/Mob No	
EEmail:		Email:	

Declaration:

DATA PROTECTION LEGISLATION

In accordance with the legislation above, we, Community Led Action & Support Project (CLASP) must obtain your permission to store the details of your registration.

I confirm that the information I have provided is accurate and true and I consent to CLASP retaining my personal data for the purposes required for the CLASP organisation.

(please tick) <input type="checkbox"/>	
Your Full Name:	
Your Signature:	
Date:	
Marketing:	
I consent to CLASP contacting me with information relevant to activities or information relating to the project. (please tick) <input type="checkbox"/>	
Date:	

Please provide contact details in case of an emergency:	
Contact Name:	
Address:	
Postcode:	
Tel No:	Mob No:
Relationship:	

