



Sutton Association for the Blind

3 Robin Hood Lane (First Floor), Sutton, Surrey, SM1 2SW

020 8409 7166/7

FAX: 020 8409 7166

e-mail: contact@sab.gb.com

www.sab.gb.com

VOLUNTEER APPLICATION FORM

Title: (Mr/Mrs/Miss/Ms/Other) **First Name:**

Surname:

Date of Birth:

Address:

..... Postcode:

Contact Telephone Numbers:

Home: **Work:** **Mobile:**

Time(s) Available to Volunteer:

Preferred Days:

Number of Days Per Week:

Car User: Yes / No

Relevant Experience and Skills/Training:

(A Continuation Sheet May be Used if Required)

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Employment History (If Applicable):

Present/Last Position:

From: To:

Employer:

Address:

..... Post Code:

Telephone Number:

Responsibilities:

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Referees:

Please provide details of **two** referees for SAB to contact:

If you do NOT wish us to approach your referees prior to interview, please tick the box provided.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
Capacity Known to You:	Capacity Known to You:

How did you hear about volunteering opportunities at SAB?

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We as an organisation understand that all people have different needs and requirements. We therefore ask you to share with us anything about yourself that will enable us to give you maximum support. If you have a support worker, they should be encouraged to attend with you while you carry out your volunteering role.

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DECLARATION OF CRIMINAL CONVICTIONS

Under the Rehabilitation of Offenders Act (Exceptions) Order 1975 and the R.O.A (Exceptions) (Amendment) Order 1986, SAB operates an Ex-Offenders Equality and Diversity Policy and carries out CRB checks on all staff and volunteers. Therefore, we ask you to declare spent/unspent convictions below.

Please tick the appropriate statement:

- () I have no criminal convictions, bind-over orders or cautions either spent or unspent.
- () I have a criminal conviction/bind-over/caution as detailed below:

Date(s)	Nature of Conviction(s)	Sentence(s)

I, the undersigned, hereby give my permission for Sutton Association for The Blind (SAB), to undertake an enhanced disclosure check via the Criminal Records Bureau and confirm that the information provided by me is true and accurate.

Signed: Print Name: Date:

SAB fully endorses and adheres to the principles of the Data Protection Act 1998, and seeks to comply and satisfy the processing and handling of personal information for all its staff and volunteers.

Prospective Volunteer:

- 1) I hereby give my explicit consent to the information given on this application form being:**
 - a. Held on file and/or transferred to a computerised database.**
 - b. Used for the purpose of volunteering for SAB.**

- 2) I agree to uphold confidentiality, at all times, regarding SAB clients, staff, and other volunteers and will be willing to sign a Confidentiality Agreement.**

Signed:

Print Name:

Date:

ETHNICITY MONITORING

We would be grateful if you would kindly help us by answering a few questions regarding ethnicity for monitoring purposes only. We fully understand if you choose not to do so.

Do you consider yourself to be:

WHITE:	British:	Yes / No
	Irish:	Yes / No
	Any other white background:	Yes / No
ASIAN OR ASIAN BRITISH:	Indian:	Yes / No
	Pakistani:	Yes / No
	Bangladeshi:	Yes / No
	Any other Asian background:	Yes / No
MIXED:	White and black Caribbean:	Yes / No
	White and black African:	Yes / No
	White and Asian:	Yes / No
	Any other mixed background:	Yes / No
BLACK OR BLACK BRITISH:	Caribbean:	Yes / No
	African:	Yes / No
	Any other black background:	Yes / No
CHINESE OR OTHER ETHNIC GROUP:	Chinese:	Yes / No
	Any other background:	Yes / No
Do not wish to respond:	<input type="checkbox"/>	