

Title:                      First Name:                      Surname:

Address:

Town:

Postcode:

Phone number:

Mobile number:

Email address:

Other languages spoken (*please list*):

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**Areas of Interest** (*you may tick as many as you like* ):

Admin	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	Social Media	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	Community Care	<input type="checkbox"/>	Events	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Supporting Clients in meetings	<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>
Older People	<input type="checkbox"/>	Group Work	<input type="checkbox"/>	IT	<input type="checkbox"/>

**Other** (*please specify*):

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**Your availability** (*tick when you are available* ):

Monday		Tuesday		Wednesday		Thursday		Friday	
Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>

With notice would you be available on evenings and weekends when required: **Yes:**  **No:**

**Preferred work location** ():

Kirklees	<input type="checkbox"/>	Calderdale	<input type="checkbox"/>	Tameside / Oldham	<input type="checkbox"/>
Rotherham	<input type="checkbox"/>	North East Lincolnshire	<input type="checkbox"/>	North Lincolnshire	<input type="checkbox"/>
Selby	<input type="checkbox"/>	Barnsley	<input type="checkbox"/>	Other:	

## EQUAL OPPORTUNITIES

### Optional data request

*\*information provided is used for statistical reasons only and if a date of birth is provided it is only used to issue a birthday card. Do you agree to this? (  ) Yes:  No:*

<b>I am ( <input checked="" type="checkbox"/> ):</b>	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Transgender: <input type="checkbox"/> Decline to state: <input type="checkbox"/>
<b>Date of Birth (D/M/YYYY):</b>	
<b>I would describe my ethnic origin as ( <input checked="" type="checkbox"/> ):</b>	
White British <input type="checkbox"/>	Dual Heritage Asian and White <input type="checkbox"/>
White Irish <input type="checkbox"/>	Dual Heritage Black Caribbean and White <input type="checkbox"/>
Other White Background <input type="checkbox"/>	Dual Heritage Black Africa and White <input type="checkbox"/>
Black/Black British Caribbean <input type="checkbox"/>	Other Dual Heritage <input type="checkbox"/>
Black/Black British African <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other Black background <input type="checkbox"/>	Yemeni <input type="checkbox"/>
Asian/Asian British Indian <input type="checkbox"/>	Roma <input type="checkbox"/>
Asian/Asian British Pakistani <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
Asian/Asian British Bangladeshi <input type="checkbox"/>	Other Roma or Traveller background <input type="checkbox"/>
Asian/Asian British Kashmiri <input type="checkbox"/>	Other Ethnic background <input type="checkbox"/>
Other Asian background <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

<b>Do you consider yourself to have a disability: Yes: <input type="checkbox"/> No: <input type="checkbox"/></b>
If <b>yes</b> please state if any assistance is required during the recruitment process:

**Why do you want to become a volunteer and what can you bring to Cloverleaf Advocacy?** Please state current and previous work and/or relevant life experience. Please continue on a separate sheet, with your name on it, if needed.

Do you have a significant health problems which are likely to affect your capacity to fulfil the volunteering role? If **yes** please give details below:

**Convictions**

This post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) order 1975. You are asked to declare any convictions. This includes offences which would otherwise be spent under the provisions of the above act. The successful candidate will be required to agree to a police record check. Failure to disclose any convictions which are subsequently stated in a Police Records check may result in dismissal.

Please complete one of the two statements below.

1. I confirm that I have no convictions at or from a court and no pending prosecutions.

Please sign:

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2. Please list the details of convictions below:

Date:	Offence:	Court:	Sentence:

Please sign:

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**Further Information**

Do you have a driving licence: Yes:  No:

Do have access to a vehicle: Yes:  No:

Where did you hear about the volunteering role (*please state*)?

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## References

Please give the name and address of two people who can comment on your abilities to fulfil this role but are not related to you. This may be your most recent employer, an education professional etc.

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Email:	Email:
Relationship to applicant:	Relationship to applicant:

References will only be checked if volunteers are accepted through an interview process. (Please note any offer of any volunteering opportunity will be made subject to satisfactory references.)

## Declaration:

I confirm that to the best of my knowledge the information given on this form is true and correct.

**Please sign\*:**

**Date:**

*\*By signing this page you agree and give consent for Cloverleaf Advocacy to contact the named referees to obtain feedback in the form of a reference.*