**Volunteer Application**

**Thank you for your interest in volunteering for Notts LGBT+ Network**. Please complete this form and return it either by email to info@nottslgbt.com or by post to:

CONFIDENTIAL

Training Group (Application)

Notts LGBT+ Network

7 Mansfield Road

Nottingham

NG1 3FB

The Network complies with the codes of practice issued by the Information Commissioner under the Data Protection Act 1998. Any information provided will be held in accordance with the Act. We are committed to the principles of equal opportunities and oppose all forms of unlawful and unfair discrimination.

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Home phone |  |
| Mobile phone |  |
| E-Mail Address |  |
| Can we say who we are if we phone to arrange interviews? | Yes / No |
| Can we contact you by email? | Yes / No |

## About you

|  |  |
| --- | --- |
| Please confirm that you are over 18 years old |  |
| Please specify your gender |  |
| Please specify your sexual orientation |  |
| How ‘out’ are you about your sexuality or gender identity? |  |
| Are you a member of any LGBT+ organisation? |  |
| Do you have any health conditions or disabilities of which we should be aware? |  |
| How did you hear about us / our training programme? |  |

## Reason for volunteering

### Please tell us why you would like to work with us at the Network and what you hope to gain from the experience?

|  |
| --- |
|  |

## Experience and skills

### Please tell us the experience and skills you have acquired from employment, previous volunteer work, or through other activities that you feel are relevant to volunteering with us?

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| --- |
|  |

## Availability

### Which evenings are you likely to be available to volunteer for us?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday  | Wednesday  | Thursday  | Friday |
|  |  |  |  |  |
| How may shifts are you likely to be able to commit to each month? |  |
| Comments: |
|  |

## Referees

Please provide details of two referees who are not directly related to you and who have known you for at least two years.

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| Name |  | Name |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Phone  |  | Phone  |  |
| Email |  | Email |  |
| Relationship to you? |  | Relationship to you? |  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Mobile phone |  |
| E-Mail Address |  |
| Relationship to you |  |

## Agreement and Signature

I am applying for a voluntary position with Notts LGBT+ Network. I understand – should I be successful – that we have NOT entered into any employment contract and that the terms are binding in honour only. I understand that my application will only be accepted on receipt of satisfactory references.

If accepted I confirm that I will comply with the volunteering procedure and the charity’s values. I agree that Notts LGBT+ Network may hold and use personal information about me for volunteering reasons and may keep in touch with me. I understand that the charity works within the guidelines set by the Equal Opportunity Policy.

I confirm that the information given on this form is correct and complete. I understand that any information discovered to be incorrect, may result in the termination of any arrangements made.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

### **Thank you for completing this application form and for your interest in volunteering with us.**