

Mid-Ulster Women's Aid Volunteer Application

**Please read our Privacy Notices available online for information about how we use your personal data – www.midulsterwomensaid.org.uk*

PLEASE CIRCLE WHICH VOLUNTEER OPPORTUNITIES YOU ARE INTERESTED IN:

Creche	Admin	Court support	Finance/ Fundraising
Gardening	Educative Work	Other (please specify)	

PERSONAL DETAILS

Name	
Address	
DOB	
Contact number	
Email:	

QUALIFICATIONS

Qualification	Level achieved

BACKGROUND – TELL US ABOUT YOURSELF IN YOUR OWN WORDS

(Include anything you feel may be particularly relevant – attach an additional page if necessary)

WHY HAVE YOU CHOSEN TO GIVE YOUR TIME TO MID-ULSTER WOMEN’S AID?

DO YOU HAVE ANY MEDICAL HEALTH ISSUES WHICH MAY AFFECT YOUR ABILITY TO VOLUNTEER WITH MID-ULSTER WOMEN’S AID?

HAVE YOU PREVIOUSLY AVAILED OF MID-ULSTER WOMEN’S AID SERVICES OR HAVE YOU EVER EXPERIENCED DOMESTIC VIOLENCE?

Yes No

Approximate date support ended: _____

(In order to comply with our policies and procedures it should be more than one year since support ended)

DO YOU HAVE A DRIVER’S LICENCE?

Yes No

REFERENCES

Please list two Referees who know you well and can verify your character, skills and dependability. **Please include your current or last employer.**

	Referee 1	Referee 2
Name:		
Relationship to you:		
Length of Time Known:		
Organisation:		
Telephone No:		
Email Address:		

I certify that I have answered all questions honestly and to the best of my ability.

I understand that information contained on this application will be verified by Mid-Ulster Women's Aid.

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Mid-Ulster Women's Aid or my termination as a volunteer.

Signature: _____ **Date:** _____

**Please Return to: Services Coordinator (re: Volunteering)
Mid-Ulster Women's Aid,
27 Old Coagh Road,
Cookstown,
Co. Tyrone,
BT80 8QG**

For Official Use Only

Application Received: _____/_____/_____

Sent to Services Coordinator: _____/_____/_____

Approved / Not Approved / Query

Notes:

MONITORING QUESTIONNAIRE

We are an Equal Opportunities Employer. We do not discriminate on grounds of religious belief or political opinion. We practice equality of opportunity in employment and select the best person for the job. To demonstrate our commitment to equality of opportunity we need to monitor the community background of our applicants and employees, as required by the Fair Employment and treatment (NI) Order 1988.

Regardless of the number of times you have completed a questionnaire as a previous applicant, an Equal Opportunities Questionnaire must be completed, in, full, with each application.

TICK BOXES WHERE APPROPRIATE

1. **GENDER:** _____

2. **DATE OF BIRTH:** _____

3. **DISABILITY**

Do you consider yourself to have a disability? Yes No

If Yes, please indicate the nature of your disability by ticking the appropriate box(es)

Mobility	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Speech	<input type="checkbox"/>	Dexterity / Co-ordination	<input type="checkbox"/>
Psychiatric/Mental	<input type="checkbox"/>	Learning	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Vision	<input type="checkbox"/>

Do any of the disabilities or conditions listed have a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities? Yes No

4. **RACE/ ETHNIC ORIGIN**

Which of the following groups do you consider you belong to:

White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Mixed Ethnic	<input type="checkbox"/>

Other (specify) _____

5. **FAIR EMPLOYMENT MONITORING INFORMATION**

I belong to the Protestant Community
I belong to the Roman Catholic Community
I belong to neither the Roman Catholic nor the Protestant Community

NB: This questionnaire should be returned with the application form and will not be accessible to the assessment panel.

THANK YOU FOR YOUR CO-OPERATION