



Volunteer Application Form

All details submitted to FareShare are held in the strictest of confidence in accordance with the Data Protection Act 1998.

Contact Information:

Surname:

Forename:

Address:

Home/mobile phone no:

Work phone no:

E-mail address:

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General Information:

Please tick the volunteer role in which you are interested.

Driver		Drivers should be over 25, with a full driving license
Driver's Assistant		
Sorter		
Research Assistant		
Marketing & Fundraising Assistant		

Please indicate when and the number of hours you would like work:

	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

General:

When would you be able to start volunteering?

Have you ever been convicted of any offence, which is not considered spent?
Yes/No

(If yes, please give brief details)

Is there any reason why you would not legally be allowed to work in the UK?
Yes/No

Driving Skills:

If you are interested in being a volunteer DRIVER, please complete the following:

Do you have a clean driving license? Yes/No

How many years driving experience do you have? _____

Have you had any driving convictions/disqualifications in
• the past 10 years? Yes/No
• the past 5 years? Yes/No

Do you have any experience of driving a transit-sized van? Yes/No

Are you experienced in driving in cities? Yes/No

Navigating Skills:

If you are interested in being a DRIVER'S ASSISTANT, please complete the following:

Are you familiar with map reading? Yes/No

Are you familiar with the city in which you plan to volunteer? Yes/No

What experience do you have of navigating in heavy traffic?

Experience:

Please give a brief outline of any previous and/or current work experience, including any voluntary work, which is relevant to the post(s) for which you are applying. Please also mention any other skills you may have which you think are relevant.

References:

Please give below the names and addresses of two people whom we may contact as referees. These people should be able to comment on your suitability for volunteering and can be colleagues, friends, people who know you well - but not family members.

Name:	Name:
Address:	Address:
Tel. No:	Tel. No:
Relationship to you:	Relationship to you:
For office use only: Reference - check	For office use only: Reference - check

Finally

Where did you hear about volunteering with FareShare?

Please sign, date and return your completed application form to FareShare South West by email or by post (see address below).

Thank you.

Signed: _____

Date: _____

FareShare West Yorkshire
Moor View
Holbeck
Leeds
LS11 9NF

FARESHARE'S EQUAL OPPORTUNITIES MONITORING FORM

This monitoring form does not constitute any part of the short-listing or interview process. If you choose not to complete this section, your application will not be affected. The purpose of this section is purely to gain general information about the composition of the applicants within FareShare and all details given below will be strictly confidential.

FareShare will monitor its policy and practice to improve its effectiveness. For full details, please ask to see the Equal Opportunities Policy.

PLEASE TICK APPROPRIATE CIRCLES

1. I would describe my ethnicity as:
 - a. WHITE
 - British
 - Irish
 - Any other white background
 - b. MIXED RACE
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed race background
 - c. ASIAN or ASIAN BRITISH
 - Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background
 - d. BLACK or BLACK BRITISH
 - Caribbean
 - African
 - Any other Black background
 - e. CHINESE or OTHER ETHNIC GROUP
 - Chinese
 - Any other Chinese or ethnic group

If not listed above please provide brief details:

2. I would describe my gender as:

MALE FEMALE

3. My age is:

18 - 25 26 - 29
 30 - 39 40 - 49
 50 - 59 60 - 69
 70 +

Health/Disability/Special Needs:

Please indicate any health issues/special needs which you feel we would need to know about to ensure your safety as a FareShare volunteer. This information will enable us to act swiftly in case of an emergency and will not in any way affect your application.

No disability		Deaf/Hearing Impairment		Mental Health Difficulties	
Dyslexia		Wheelchair User		Unseen Disability	
Blind/Partially Sighted		Personal Care Support		Disability not listed above	

If not listed above please provide brief details:

Date: _____

For office use:

Form on equal opps database?