

**VOLUNTEER APPLICATION FORM**

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| **Date of application:**  |  |
| **Reference (office use only)** |  |
| **Role applied for:**  |  |

Please return this form by email to volunteer@leeds.gov.uk or alternatively by post to: **Volunteer Coordinator ⯎ Leeds Museums and Galleries ⯎ Temple Newsam House ⯎ Temple Newsam Road ⯎ Leeds ⯎ LS15 0AE**

If you need help completing this form, please call 0113 37 87786.

**About me**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:**  |  | **Surname/Family Name:**  |  |
| **First Name(s):**  |  | **Preferred First Name (if different)** |  |
| **Home Address:**  | **Postcode:** |
| **Telephone Number:**  |  | **E-mail Address:** |  |
| **How did you find out about this role?**  |  |

**My interests**

I am interested in volunteering with Leeds Museums & Galleries because:

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I have the following skills/experience I can offer Leeds Museums & Galleries:

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I would particularly like to develop the following skills/knowledge/experience:

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**Availability I can offer**

Please indicate which days you would be available:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Availability** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |

How long are you hoping to volunteer for? (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| **Less than 3 months** | **3 to 6 months** | **6 to 12 months** | **More than a year** |
|  |  |  |  |

**Access requirements/health conditions**

If you have any access requirements or health conditions (e.g. medication, allergies, etc) that we should know about, please tell us here.

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****Criminal offences****

You will be asked at interview if you have any unspent criminal convictions and these may be taken into consideration if the role requires volunteering with children or vulnerable adults.

**We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults**.

****References****

Please provide details of at least one person who knows you who we can contact to provide a character.

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| --- | --- | --- |
|  | **First Referee** | **Second Referee** |
| **Name** |  |  |
| **Address** |  |  |
| **Email** |  |  |
| **Occupation** |  |  |
| **How long have you known them?** |  |  |
| **In what connection?** |  |  |

****Data Protection****

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| In accordance with General Data Protection Regulation (GDPR) your details will be held securely and confidentially and will only be accessed for legitimate means and by authorised individuals with Leeds Museums and Galleries. You can ask us at any time to delete your personal information.  |
| I declare that the information I have provided on this form is true. |
| **Signature:** | **Date:** |

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| **Equality Monitoring Information** |
| Leeds Museums and Galleries is committed to equality of opportunity in volunteering; and will assess applicants without regard to disability, race, gender, sexual orientation, age, religion or belief or other factors irrelevant to the volunteering role.The information given on this page will be for internal monitoring purposes only and will be detached from the application form before the application is considered. Completion of this page is entirely optional and will be treated with the utmost confidentiality. |
| **Gender:** Male Female Other Prefer not to say Is your gender different from that assigned to you when you were born?Yes No Prefer not to say  |
| **Disability**Do you consideration yourself to be disabled? Yes/No/Prefer Not To SayPhysical or mobility disability Visual disability Learning difficulty Mental health condition Hearing disability Do you have a long term illness or chronic condition? Yes No Prefer not to say  |
| **Carers**The council considers that a ‘carer’ is someone who looks after, or gives unpaid help or support to family members, friends, neighbours or others on an unpaid basis because of either:Long-term physical or mental ill health or disabilityProblems related to old ageSubstance misuse or dependencyUsing the above do you consider yourself to be a carer? Yes No Prefer not to say  |

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| **Ethnic origin:** Please indicate which best describes your ethnic origin |
| **Asian or Asian British**Bangladeshi Indian Kashmiri Pakistani Any other Asian Background (please specify*)* | **Black or Black British**African Caribbean Any other Black Background (please specify*)*  |
| **White**British Irish Any other white background (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Mixed**White and Asian White and Black African White and Black Caribbean Other mixed/multiple ethnic group (please specify) |
| **Other ethnic groups**Chinese Gypsy or Traveller Any other background(please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Prefer not to say**   |
| **Sexual Orientation:** Please indicate which best describes your sexual orientation |
| Gay Other  Lesbian Prefer not to say  Heterosexual Bisexual  |

**Thank you for your time** Please return this form by email to volunteer@leeds.gov.uk or alternatively by post to: **Volunteer Coordinator ⯎ Leeds Museums and Galleries ⯎ Temple Newsam House ⯎ Temple Newsam Road ⯎ Leeds ⯎ LS15 0AE**

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