

Volunteer Application Form

Thank you and Jazak-Allah for your interest. Please complete **ALL** sections of this application form in clear type or writing in CAPITAL letters. If completing on a computer, tick boxes can be checked by double-clicking and selecting 'Checked'.

Section 1 Personal Details

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Home No:	<input type="text"/>
Email:	<input type="text"/>	Mobile No:	<input type="text"/>

What is your preferred method of contact?

Email ☐

Home ☐

Mobile ☒

Do you hold a full clean driving license valid in the UK?

Yes ☐

No ☐

Do you have access to a vehicle you're willing to drive?

Yes ☐

No ☐

Emergency Contact 1

Full Name **Number:**

Address

Emergency Contact 2

Full Name **Number:**

Address

Any medical conditions: **Any medications you take:**

Section 2 Volunteering Role

How did you hear about volunteering for *FEC Academy*?

What kind of roles are you interested in?

How long do you wish to volunteer for?

When are you available? (*State days & time or Flexible*)

Why do you want to volunteer for *Fatimah Elizabeth Cates Academy*?

Please tell us about relevant skills, qualifications and past experience and how it helps you volunteer for *FEC Academy*:

Section 3 Further Information

Do you have any unspent criminal convictions under the **Rehabilitation of Offenders Act 1974**? Yes ☐ No ☐

If yes, please give details / dates of offence(s) and sentence:

Fatimah Elizabeth Cates Academy welcomes volunteer applicants with all range of abilities for the skills they bring. So we can better support you in your role, please give details below of any disabilities or health issues:

Section 4 Monitoring

How would you describe ethnicity? *(For monitoring purposes only)*

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> Asian Pakistani | <input type="checkbox"/> Mixed | <input type="checkbox"/> Arab |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Arab | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> White Other | <input type="checkbox"/> Asian Chinese | <input type="checkbox"/> Black African | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Asian Other | <input type="checkbox"/> Black Caribbean | |

Country of origin:

Religion, if any

What is your occupation? *(For monitoring purposes only)*

- ☐ Student ☐ Employed ☐ Self-employed ☐ Retired ☐ Other, please specify:

Other, please specify _____

Section 5 References

Please give the details of two referees. Please ensure they are not personal friends or family member. Consider using former employers, teachers, or independent people who can give a view on your experience or character.

Reference 1

Name:

Job Title:

Relationship:

Organisation:

Address:

Telephone N^o:

E-mail:

Reference 2

Name:

Job Title:

Relationship:

Organisation:

Address:

Telephone N^o:

E-mail:

Section 5 Declaration

Please read and sign the declaration below. If this declaration is not signed, your application will not be considered.

I hereby certify that all the information given by me on this form is correct to the best of my knowledge. I understand that in accordance with the Data Protection Act 1998/2003 this information will be held securely and confidentially and accessed by authorised management only.

Signed:

Date:

Please return to: Fatimah Elizabeth Cates Academy, 100 Queens Road, Walthamstow E17 8QP or **Email:** info@fatimahelizabethcates.co.uk