



MAGGS VOLUNTEERING OPPORTUNITIES

Thank you for your interest in volunteering with Maggs Day Centre.

Please complete this application form and return to volunteers@maggsdaycentre.co.uk.

Or by post to Maggs Day Centre, St Albans, Deansway, Worcester, WR1 2JD. On receipt we will contact your referees, unless agreed otherwise. We will contact you once your references have been received.

ABOUT YOU

First Name	
Surname	
Preferred Pronouns	
Address	
Postcode	
Telephone Number	
I am happy to join a closed a telephone group for volunteers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method of communication	<input type="checkbox"/> Text <input type="checkbox"/> Whatsapp
Email	
Emergency Contact Number	
Name of emergency contact and relationship to you	
Do you have a medical/mental health condition which we may need to know about in order to support you while you are with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please speak to the Volunteer Co-Ordinator.

Please indicate the type of volunteer work you are interested in (please tick any that apply)
<input type="checkbox"/> Hospitality Roles <input type="checkbox"/> Retail Roles <input type="checkbox"/> Courier Roles <input type="checkbox"/> Admin Roles <input type="checkbox"/> Activity Volunteers <input type="checkbox"/> Other Skills Opportunities <input type="checkbox"/> Active Listeners <input type="checkbox"/> Volunteer Ambassador



Please tell us about any voluntary or paid work experience you feel might be relevant to the volunteer roles at Maggs. Please state briefly why you are interested in becoming a volunteer.

Where did you hear about Maggs?

Are there specific days and/or times when you are available to volunteer? There is no maximum or minimum amount of time we are looking for; every hour helps our service users.

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time					



Please give details of two referees. These should not include family members.
- We will contact referees on receipt of this form unless you request otherwise.
- Please complete in block capitals if handwriting

Referee 1

Name of Referee	
Job Title	
Postal Address	
Email Address	
How are they known to you?	

Referee 2

Name of Referee	
Job Title	
Postal Address	
Email Address	
How are they known to you?	

Please sign this form to indicate your explicit consent to Maggs Day Centre obtaining and processing this information.

Signed: _____ Date: _____



EQUAL OPPORTUNITIES MONITORING FORM

Maggs Day Centre is an Equal Opportunities Employer and in the employment of staff and volunteers seeks to ensure equality of opportunity and treatment of all persons. No person or group of persons applying for a position will be treated less favourably than any other person or group of persons because of their race, colour, ethnic or national origin or because of their religion, sex, disability, appearance or marital status.

To enable us to monitor that this Policy is applied in practice we ask all applicants to complete this form. Please be assured that this information will be treated as strictly confidential and used for monitoring purposes only.

Maggs Day Centre DIVERSITY MONITORING FORM

The information you give on this form is covered by the Data Protection Act 1998. One form should be completed per person. Please continue overleaf if necessary.

Name:	
Date of Birth:	
Which gender do you identify as?:	
Was this the gender assigned to you at birth?:	

Ethnic Origin	
Ethnic origin is not the same as nationality, place of birth or citizenship, but about your broad ethnic group. UK citizens belong to a wide variety of ethnic groups. Please tick, as far as possible, your ethnic origin (please tick one only):	
Asian or Asian	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani
British Black or Black	<input type="checkbox"/> African <input type="checkbox"/> Caribbean
British Chinese	<input type="checkbox"/> Chinese
Mixed	<input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean
White	<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> European
Other ethnic group	<input type="checkbox"/> Other Ethnic Group <input type="checkbox"/> Prefer not say
If other, please specify	



Religion (please tick one only)	
<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (all denominations) <input type="checkbox"/> Jewish <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> None	
Other please specify:	

Disability	
Disability is defined in the Disability Discrimination Act 1995 as a condition that has a substantial long-term effect on a person's ability to carry out normal day-to-day activities.	
Do you consider yourself to have a disability or special need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify:	

Once completed, please return to volunteers@maggsdaycentre.co.uk.