

## Volunteer Application form

Full Name .....

D.O.B .....

Address .....

Postcode .....

Telephone Number .....

Email .....

### Equal Opportunities Monitoring

Yemeni		Asian Other ( )	
Arab Other ( )		White & Asian	
Arab British		White British	
Chinese		White Irish	
Gypsy		White Other ( )	
Traveller		White & Black African	
Other ( )		White & Black Caribbean	
Asian British		Black British	
Indian		Black Caribbean	
Pakistani		Black African	
Bangladeshi		Other African ( )	
Somali		Nigerian	

استمارة مراقبة الفرص المتساوية

	أسيوي آخر ( )		يمني
	أبيض وأسيوي	( )	عربي آخر ( )
	أبيض بريطاني		عربي بريطاني
	أبيض أيرلندي		صيني
	أبيض آخر		جيبسي (عجري)
	أبيض وأسود أفريقي		متنقل
	أبيض وأسود كاريبي	( )	آخر ( )
	أسود بريطاني		أسيوي بريطاني
	أسود كاريبي		هندي
	أسود أفريقي		باكستاني
	أفريقي آخر ( )		بنغلاديشي
	نيجيري		صومالي

**Please list any relevant qualifications / training**

Type of qualification / training (e.g. NVQ, MOCN, Degree)	Level of qualification / training

**Please tell us about any experience (paid or non paid) you have in relation to any of the following: office administration / working with children & young people / community development / translation & interpreting**

Do you speak a language other than English

Yes / No

If yes, please give details

## References

Please give the name and address of two referees.

1. Name .....

Address .....

.....

Telephone Number .....

2. Name .....

Address .....

.....

Telephone Number .....

### Rehabilitation of Offenders Act 1974

In order to protect the public, the position for which you are applying is accepted from Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Your application will be subject to an Enhanced Disclosure by the Criminal Records Bureau (CRB) which will provide us with information on any convictions which you may have, whether defined as 'spent' or not.

You are therefore required to reveal all information, which you have about any convictions, even if these convictions are defined as 'spent'. Any such information will be held in the strictest confidence and will only be used to help establish your suitability for the position. If you have criminal convictions, we will not necessarily refuse your application, as our decision will depend on the nature of the offences.

**Have you ever been found guilty of a criminal offence?** Yes / No

**If Yes, please give details of the offence/s with dates:**

***I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection, or, if employed, dismissal.***

**Signature:** .....

**Date:** .....

**Confidentiality Statement**

I understand that whilst volunteering at the Liverpool Arabic Centre(LAC) I may see information about children and their families, Patient care, fundraising, financial information, staff, volunteers, sponsors and suppliers.

Any information I receive is given in the strictest confidence and I will not be disclosed to anyone outside of LAC both during my time volunteering and after.

LAC will deem any breach of confidentiality as a serious offence and appropriate action will be taken.

I Agree to uphold this commitment to abide by the terms set out in the LAC confidentiality agreement

**Signature:** .....

**Date:** .....

**Health and Safety Agreement**

All volunteers must follow the Arrangements described in the Liverpool Arabic centre (LAC) health and safety policies and safe systems of working.

We would remind you that volunteers have duties under the health and safety work act to:

Take reasonable care of your own health and safety and that of anyone affected by what you do. Be aware of how your activities may affect other people. Co-operate with LAC rules and procedures that are in place for your health and safety. Do not misuse any equipment provided for health and safety reasons.

I hereby state I have read and understood the health and safety agreement and will abide by its terms

**Signature:** .....

**Date:** .....

**Disclaimer**

I consent to checks being made with relevant parties and declare that the information that has been given in this form is correct and is best of my knowledge.

**Signature:** .....

**Date:** .....

Please be advised we will retain your personal information in accordance with GDPR Regulations. Your information will not be shared with any Third party and will only be used for the purpose it was intended. We will contact you to let you know of any opportunities and/or courses available.

Please sign to OPT IN to your data being retained and to being contacted by LAC

**Signature:** .....

**Date:** .....