



## Application to become a Clackmannanshire CAB Volunteer

If you find the form difficult to understand or complete, please call your local bureau, address and contact details are at the end of the form.

Name:

Address:

Tel No:  E-mail:

**1. Are you interested in any particular type of volunteer role(s)?**

E.g. Adviser, Receptionist/Triage Worker, Administrator, Social Policy Co-ordinator, Management Committee Member.

**2. Describe any skills you have that would be useful for the role you wish to do.**

Some we have thought of include: dealing with people face-to-face or on the phone, speaking/writing a language other than English, sign language, filing, research, using a computer, helping people to learn.

**3. Is there anything you have done over the past few years that you would like to tell us about?**

E.g. employment, work experience, volunteering, community activity (involvement in tenants associations, school activities, support groups, etc); caring for children, other relatives or a friend; classes, training courses.

**4. Why do you want to volunteer for the bureau?**

What do you hope to get from the experience? Why did you choose CAB volunteering?

**5. Where did you find out about CAB volunteering, e.g. friend, poster, on the internet?**

**6. It is useful to know when you will be available to volunteer. We ask advice workers to commit themselves to at least a whole day per week. Please indicate below the times when you are generally available:**

	Mon	Tues	Wed	Thurs	Fri
Morning					
Afternoon					

Are there any times that you are unlikely to be available?

**7. Is there anything else you would like to say about yourself?**

**8. Volunteers who wish to train as advisers:**

*Have you ever committed an offence under section 25 and 26 (1) (d) or (g) of the immigration act 1971? (These offences concern assisting illegal entry, falsifying documentation or obstructing the authorities investigating immigration offences. If you have committed one of the offences above you may still be able to be an adviser: however, we would have to contact the Office of Immigration Services Commissioner in order to discuss the issues.)*

**Please circle as appropriate.**

**Yes**

**No**

## 9. References

Please give the names and addresses of two people, other than your family, who can tell us about you - for example, an employer, teacher or someone who knows you well.

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	Postcode:		Postcode:
Email:	<input type="text"/>	Email:	<input type="text"/>

**10.** Please tell us about any specific needs you would like us to take into account, either at the interview or if we offer you a volunteer role: e.g. mobility, childcare responsibilities, this information will be treated as strictly confidential.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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### General Data Protection Regulation

As part of our personnel records, we will need to record some personal data about you, for example private contact details and emergency contact details. We may also need to record some special category, sensitive data about you. Special category data is defined under the Regulation as relating to any of the following: racial or ethnic origin; political opinions; religious beliefs; trade union membership; health; sexuality, criminal offences and/or convictions.

This information will be held by us purely to assist us in managing our employment contract and our employment relationship with you and will not be used for any other purpose. Any information of the above nature will be treated confidentially.

You have the right to access your personnel records to check that they are accurate and to ask for them to be rectified if they are inaccurate or incomplete.

**I give my consent to personal and special category personal information being recorded, processed and stored.**

<input type="text"/>	Date:	<input type="text"/>
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Please return this form to:

Volunteer Development Officer  
Clackmannanshire CAB Limited  
Glebe Hall  
Burgh Mews  
Alloa, FK10 1HS



## Equal opportunities monitoring form

### Monitoring Information

The CAB service aims to provide equal opportunities and fair treatment for all people regardless of race, gender, disability, sexual orientation, marital status, religion or belief, age or any other factors.

As part of the policy of reaching out to excluded communities and groups, the service is committed to ensuring that it reflects the community that we serve.

In order to achieve these aims we have a policy of monitoring the composition of the service. As part of this monitoring process we ask for your co-operation in completing the questions in this section. We wish to give you the following assurances:

- The information provided will not form the basis of any part of selection
- All information in the application form will be regarded as confidential
- This monitoring information will only be used for statistical purposes, to monitor the composition of the service
- If you choose not to complete this section, this will not affect your application.

### 1. ETHNIC ORIGIN

We appreciate that some people, including those of mixed race, may not be happy with classification used on monitoring forms. If you wish to classify yourself in some other way, please use the additional space provided to do so.

I would describe my ethnic origin as *(in your own words or if you prefer tick one of the following)*:

White	<input type="checkbox"/>	Black	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Other*	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>

\*Other (please specify).....

### 2. GENDER

I am *(please tick)*: Male  Female  Transgender  Declined to answer

### 3. AGE *(please tick)*

25 and under	<input type="checkbox"/>	55 and over	<input type="checkbox"/>
26 - 34	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>
35 - 54	<input type="checkbox"/>		

#### 4. DISABILITY

We welcome applications from disabled candidates and would like to know how many people we attract to the service so that we can monitor the effectiveness of our policies.

*(please tick)*

Disability Yes  No  Declined to answer

Registered disabled Yes  No

Would you require special adaptations/equipment? Yes\*  No

\*Please specify \_\_\_\_\_

#### 5. SEXUAL ORIENTATION

I would describe myself as *(please tick)*:

Heterosexual  Gay man  Lesbian  Bisexual  Declined to answer

#### 6. RELIGION / BELIEF

I would describe myself as *(please tick)*:

Christian  Muslim  Sikh  Other: .....  Declined to answer

#### 7. WHAT PROMPTED YOU TO APPLY?

E.g. CAB website, newspaper article, advert, poster, through a friend or relative, or using a bureau yourself

#### 8. COMMENTS

Do you have any comments about our monitoring form?