

## Application to become a CAB Volunteer

Please read the accompanying information before completing this form.  
Please feel free to continue answers to any question on a separate sheet if necessary. If you find the form difficult to understand or complete, please call your local bureau.

1. **Name:** Mr/Ms/Other (please state) \_\_\_\_\_

2. **Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

3. **Date of birth:** \_\_\_\_\_

4. **Telephone:** \_\_\_\_\_

5. **Email (if you have access):** \_\_\_\_\_

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

e.g. adviser, administrator, social policy co-ordinator, trustee board member

7. **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 calculator, using a computer, helping people to learn.

8. **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.

**9. Why do you want to volunteer for CAB?**

What do you hope to get from the experience?

---

---

---

**10. What do you think are some of the main problems facing your community?**

---

---

---

**11. It is useful to know when you will be available for meetings etc.  
Please indicate below the times when you are generally available:**

**Monday**

am \_\_\_\_\_  
pm \_\_\_\_\_

**Tuesday**

am \_\_\_\_\_  
pm \_\_\_\_\_

**Wednesday**

am \_\_\_\_\_  
pm \_\_\_\_\_

**Thursday**

am \_\_\_\_\_  
pm \_\_\_\_\_

**Friday**

am \_\_\_\_\_  
pm \_\_\_\_\_

**Saturday**

am \_\_\_\_\_  
pm \_\_\_\_\_

**Are there any times that you are unlikely to be available, e.g. school holidays?**

---

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

---

---

---

---

---

---

---

---

---

---

---

**13. 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 know you well

<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
_____	_____
_____	_____
<b>Postcode:</b> _____	<b>Postcode:</b> _____

**14. 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.

---

---

---

**15. Do you have any criminal convictions that are not spent under the provisions of the Rehabilitation of Offenders Act.** Please note that any convictions will not be an automatic bar on volunteering and all circumstances will be considered. Any successful applicant will be required to undergo a CRB check.

---

---

---

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

## Monitoring Information

The CAB Service aims to provide equal opportunities and fair treatment for all people applying to be volunteers regardless of race, sex disability, sexual identity or marital status.

As part of the policy of reaching out to excluded communities and groups, the service is committed to ensuring that bureau staff and volunteers reflect the community that we serve.

In order to achieve these aims we have a policy of monitoring the composition of bureau staff and volunteers. 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 statistics.
- ◆If you choose not to complete this section, this will not affect your application.

### Please tick as appropriate

**Age**    25 > ف    34-25 ف    44-35 ف    54-45 ف    64-55 ف  
          65 ف +

**Gender**                      ف Female    ف Male

**Would you describe yourself as disabled?**                      ف Yes                      ف No

### Please indicate your ethnic group by ticking one box

#### White

ف British  
ف Irish  
ف Other White

#### Mixed

ف White and Black Caribbean  
أ White and Black African  
أ White and Asian  
أ Other Mixed

#### Asian or Asian British

أ Indian  
أ Pakistani  
أ Bangladeshi  
أ Other Asian

#### Black or Black British

أ Black Caribbean  
أ Black African  
أ Other Black

#### Chinese or other Ethnic Group

أ Chinese  
أ Other Ethnic Group

### What prompted you to apply to be a CAB Volunteer?

e.g. newspaper article, advert, poster, through a friend or relative, using a CAB yourself

#### Data Protection Act 1998

As part of the recruitment procedure we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for up to a year after the date on which it is submitted. Any information of this nature will be treated confidentially.

Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.

For the purposes of the Act the Data Controller is \_\_\_\_\_ CAB.

I declare the information given on this form is correct to the best of my knowledge and acknowledge that by signing this form I have given my consent to sensitive personal information being recorded and stored.

Signature \_\_\_\_\_ Date \_\_\_\_\_