**Volunteering**

**Application Form** Stained Glass Museum

Confidential

# **PLEASE ATTACH YOUR C.V. IF YOU HAVE ONE, AND RETURN TO:**

Volunteering, The Stained Glass Museum, The South Triforium, Ely Cathedral, Ely CB7 4DL

E: learning@stainedglassmuseum.com

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| --- | --- | --- | --- |
| **Personal Details** |  | |  |
| First Name | Surname | | Title |
| Address |  | |  |
| Postcode |  | |  |
| Contact  Telephone No. |  | Mobile |  |
| Email |  | |  |
| Date of Birth |  | |  |

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| **Role Applied for** |

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| We are keen to take on volunteers from all backgrounds, including people in work, those who are not currently in training, education or paid work, or people who have been unemployed for a long time. Please answer the following questions below: | | |
| Are you currently in education? | Yes | No |
| Are you currently carrying out any kind of training? | Yes | No |
| Are you retired? | Yes | No |
| Are you currently unemployed?    If the answer is yes, have you been unemployed for over six months? | Yes  Yes | No  No |

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| **Availability** | |
| (Please supply as much information as you can to help us match your availability to our needs) | |
| How much time would you like to volunteer each week? |  |
| Do you have a length of time in mind that you were interested in volunteering for (in weeks or months) |  |
| When would you be available to start Volunteering |  |
| Please tick the days below to show when you would be available to volunteer. If you are able to be flexible about this please tick any. | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | Morning |  |  |  |  |  |  |  | | Afternoon |  |  |  |  |  |  |  | | Any time |  |  |  |  |  |  |  | | |

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| Have you in the past, or are you currently doing other Volunteer work? | | | | | |
|  |  | Yes |  |  | No |
|  |  |
| If yes, where did you work and what type of work did you do? | | | | | |
|  | | | | | |
| Do you read or speak any other languages than English? | | | | | |
|  |  | Yes |  |  |  |
|  | No |
| Please give details if appropriate | | | | | |
| Please tell us why you would like to Volunteer at the Stained Glass Museum and what particular skills and experience do you think you can bring to your volunteering role at the museum. | | | | | |

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| **Criminal Convictions** |
| Candidates are required to disclose details of all criminal convictions, cautions or bind-over orders that are not spent. The Rehabilitation of Offenders Act 1974 provides that certain convictions shall be regarded as “spent” after specified periods of time have elapsed. You do not need to disclose convictions that are “spent” at the date you sign the application form. |
| Have you ever been convicted in a court of law of any criminal offense? |
| Yes  No  If Yes, please give further details of court, date of conviction, and sentence imposed. |

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| **References** | | | |
| Please give details of two character referees whom we may approach. These people should know you well, preferably for at least a year, and must not be related to you in any way | | | |
| **First Referee** | | **Second Referee** | |
| Name |  | Name |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| How long have you known this person and in what capacity? | | How long have you known this person and in what capacity? | |
|  | |  | |
| Email |  | Email |  |
| Tel. |  | Tel. |  |

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| **Declaration** | | | |
| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, will be sufficient grounds for terminating my volunteering. | | | |
| Signature |  | Date |  |
| **Emergency Contact Details** | | | |
| If we are able to offer you a voluntary role we shall need some more details about whom we may contact in the case of emergency. Please supply the information requested below: | | | |
| Name | | | |
| Address | | | |
| Postcode | | | |
| Daytime Telephone Number | | | |
| Mobile | | | |
| What is their relationship to you | | | |

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| **Equal Opportunities Monitoring Form** | |
| This section of the application is used solely for monitoring purposes. The completion of this form is voluntary, but we appreciate it when volunteers take the time and trouble to do so, because the information it contains helps us to monitor and improve the diversity of our volunteers. | |
| Full name |  |
| Date of Birth | Gender |
| I belong to the following ethnic grouping (check as appropriate) | |
| White | Black or Black British |
| British | Caribbean |
| Irish | African |
| Other (please specify) | Other (please specify) |
|  |  |
| Asian or Asian British | Of Mixed Race |
| Indian | White & Black Caribbean |
| Pakistani | White & Black African |
| Bangladeshi | White & Asian |
| Other (please specify) | Other (please specify) |
|  |  |
| Chinese | Any other ethnic group |
| Chinese |  |
| Rather not say |  |
| The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long term (i.e. more than 12 months) adverse effect on a person’s ability to do normal daily activities. You may still be considered to have a disability if you are not currently adversely affected but the impairment is likely to recur. | |
| Do you consider yourself to have a disability?  Yes  No | |

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| Do you have any disabilities for which special arrangements should be made? If so, please specify the nature of the disability below |
| I understand that this information may be stored and processed as part of the Stained Glass Museum’s monitoring of equal opportunities and I give my consent for my details to be used for this purpose. |

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| **Declaration** | | | |
| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my volunteering. | | | |
| Signature |  | Date |  |