

APPLICATION FORM TO BECOME A CAB VOLUNTEER

1. Name
Mr/Ms/Mrs/Miss

2. Address

Post Code:

3. Date of Birth:

4. Telephone:

5. Email (if you have access):

6. Are you interested in any particular type of volunteer role(s)?
Eg adviser, administration, social policy, trustee board member, CHUM

7. Describe any skills you have which can be useful for advice work.
All sorts of skills and work experience are useful e.g. speaking and writing languages other than English, interviewing, filing, using a calculator, dealing with people on the phone, typing, driving, helping people learn.

8. Is there anything else you have been doing over the last few years that you would like to tell us about? Eg employment, work experience, volunteering, community activity (involvement in tenants associations, school activities, support groups, etc); caring for children, other relatives or a friend; classes or 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 to volunteer.
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

Please indicate approximately how many hours or days per week you would like to volunteer for:

Are there any times that you are unlikely to be available, eg school holidays?

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

13. Volunteer who wish to train as advisers only:

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 the Immigration Services Commission in order to discuss the issues.*)

Please tick as appropriate. Yes No

14. *References*

Please give the names and addresses of two people who can tell us about you, for example someone who knows you well, someone you have worked with, a teacher, someone from your community.

Name:

Name:

Address:

Address:

Postcode:

Postcode:

15. Please tell us about any specific needs you would like us to take into account, either at interview or if we offer you a volunteer role:

Eg mobility, childcare responsibilities. This information will be treated as strictly Confidential.

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 reflect the community that they 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
- The information from the application form will be regarded as confidential
- This monitoring information will only be used for statistics
- Should you choose not to complete this section this will not affect your application

Please tick as appropriate:

Age: <25 25-34 35-44 45-54

55-64 65+

Gender: Female Male

Would you describe yourself as disabled?

Yes No

Please indicate your ethnic group by ticking one box:

British

Irish

Other White

Whit and Black Caribbean

White and Black African

White and Asian

Other Mixed

Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian

Black and Black British

Black Caribbean

Black African

Other Black

Chinese or other Ethnic Group

Chinese

Other Ethnic Group

What prompted you to apply to be a CAB volunteer?

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

Please return application to:

**Community Involvement Officer
Havant CABx
21a East Street
Havant
Hants
PO9 1AA**