



Boccia Epsom and Ewell Volunteer Application Form

Thank you for your interest in volunteering with The BEEs.

The information you provide is strictly confidential. We welcome applications from people of all abilities, backgrounds and communities. Boccia Epsom and Ewell abides by the Data Protection Act 1998 and operates an Equal Opportunities policy.

Personal Details

Title (Mr/Mrs/Miss/Ms) _____ Surname _____

Forename(s) _____ Male /Female (please circle) Date of Birth _____

Address _____

_____ Postcode _____

Telephone Day _____ Evening _____ Email _____

Emergency contact details

Who should we contact in an emergency?

Name _____

Relationship to you _____

Address _____

Telephone Day _____ Evening _____

Health

Do you have any health problem or disability of which we should be aware? Yes/No

If yes please give details _____

Employment Status

Please circle the appropriate status. Are you

In paid employment

Unemployed

Retired

Student

Other (please give details) _____

Your volunteer role

What role(s) are you interested in? (please circle)

Coach or official

Sports Assistant

Fundraiser

Other

When are you available to volunteer?

Saturday

Sunday

School Holidays

Evenings

How did you hear about Boccia Epsom and Ewell? _____

Why do you wish to volunteer? _____

www.bocciaepsomandewell.org.uk

Tel: 01372 275424

Email: Bocciaee@aol.com

Return complete Form to: Liz Moulam, Boccia Epsom and Ewell either by email or post to 55
Beaconsfield Road, Epsom, Surrey KT18 6HY



Boccia Epsom and Ewell Volunteer Application Form

References

In order to protect the interests of Boccia Epsom and Ewell we need to ask you to provide the details of 2 references who have known you for over 2 years and are not related to you by marriage or blood.

Name _____

Name _____

Address _____

Address _____

Postcode _____

Postcode _____

Telephone Number _____

Telephone Number _____

Email _____

Email _____

How do you know this
person? _____

How do you know this
person? _____

Criminal Convictions

Do you have any criminal convictions or any pending? Yes or No (please circle)

If Yes, please give details. A prior or pending conviction may not prevent you from volunteering with Boccia Epsom and Ewell, but failure to disclose relevant information will result with immediate dismissal. This information will be kept in the strictest confidence.

Personal declaration

I hereby apply to become a volunteer with Boccia Epsom and Ewell. I agree to abide by all Boccia Epsom and Ewell policies and guidelines and understand that if accepted I have a responsibility for my own and others' Health and Safety while volunteering with the club. I agree Boccia Epsom and Ewell may hold and use the data within this form for the purposes of administering and supervising my work with the club and that such data may be available to those who reasonably need to know the same within the club.

Sign or print name _____ Date _____

To be completed by Boccia Epsom and Ewell Volunteer Co-ordinator

I confirm that I have accepted the above person as a volunteer on behalf of Boccia Epsom and Ewell

Name _____ Position _____ Date _____

References checked Telephone Interview Form complete and signed by volunteer

If not accepted please give details _____

www.bocciaepsomandewell.org.uk Tel: 01372 275424 Email: Bocciaee@aol.com

Return complete Form to: Liz Moulam, Boccia Epsom and Ewell either by email or post to 55
Beaconsfield Road, Epsom, Surrey KT18 6HY



Boccia Epsom and Ewell Volunteer Application Form

Equal Opportunities Monitoring Form

Boccia Epsom and Ewell is committed to ensuring equality of opportunity in its recruitment and employment practices. As part of our monitoring process for our funders we ask you to complete this form. We assure you that this information will not be used as part of the selection process, will be confidential and used only for monitoring purposes and if you choose not to complete the form then it will be affect your application.

Name _____

I would describe myself as: (please circle)

Post applied for _____

White British Irish

Gender: Female/Male

Other (Please specify) _____

Which age group do you belong to

Black or Black British

Under 18 18 to 25

African-Caribbean African

25 to 60 60 and over

Other (please specify) _____

What is your marital status?

Mixed

Single/Married/Divorced/Widowed/Other

White and Black Caribbean

Do you consider yourself to have a disability?

White and Black African

(ie a physical or mental impairment which has a significant and long term effect on your ability to carry out normal day to day activities?)

White and Asian

Yes/No

Other (please specify) _____

If yes, what equipment or adjustments to working conditions would assist you in being interviewed or in carrying out your duties?

Asian and Asian British

Indian Pakistani

Bangladeshi

Other (please specify) _____

What is your first language? _____

Arab or Middle Eastern descent

North African Iraqi

How would you describe your religion or faith? Delete/Complete as appropriate

Kurdish

Other (please specify) _____

I do not have a faith

Chinese

My faith is _____

Other ethnic group (please specify)
