**Volunteer Application Form**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|  |  |
| **Post Code** |  |
| **Telephone No.** |  **Mobile No.** |
| **Email** |  |
| **Date of Birth** |  |

**HAVE YOU EVER DONE VOLUNTARY WORK BEFORE?**

*If yes, please give details.*

**TYPE OF VOLUNTEERING WORK YOU ARE INTERESTED IN DOING AT THE MENTOR RING**

*Please tick whatever interests you.*

|  |  |  |
| --- | --- | --- |
| * I.T.
 | * Office Administration
 | * Event Organisation
 |
| * Research Work
 | * Interpreter
 | * Training
 |
| * Outreach
 | * Translation
 | * Reception
 |
| * Fundraising
 | * Networking
 | * Mentoring
 |
| * Community Development
 |  |  |

**WHAT SKILLS DO YOU POSSESS THAT YOU FEEL MAKE YOU SUITABLE FOR THE MENTORRING?**

**DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?**

**WHAT IS YOUR ETHNIC ORIGIN?**

**REFERENCES**

*Please give the details of two people who know you well, who can tell us about you.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  | **Name** |  |
| **Address** |  |  | **Address** |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Telephone No.** |  |  | **Telephone No.** |  |
| **Email** |  |  | **Email** |  |
| **Relationship** |  |  | **Relationship** |  |

**WE MAY WISH TO CONTACT THEM BEFORE AN INTERVIEW.**

**MAY WE HAVE YOUR PERMISSION TO DO THIS?**

**DECLARATION**

I declare that the information given on this form is correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

***Please return to: Butetown Community Centre, Unit 4, 2nd Floor, Butetown,***

***Cardiff CF10 5UZ***

***Telephone: 02921 321 073 or 029 2002 6157 Email: info@MentorRing.org.uk***

*The Mentor Ring follows the guidelines set out in the Data Protection Act 1998. TMR will treat your information confidentially and will not disclose it to any third party without consent. TMR will use this information for reference and monitoring purposes and only keep it for as long as necessary.*

**Thank you!**