



## Volunteer Application Form

If you are interested in volunteering for Hull City Council, please complete this application form. If you would like help to do this, or you would like more information about the Council's volunteering opportunities please contact:

Young People, Skills & Employability Team

Tel: 01482 615207

Email: [volunteering@hullcc.gov.uk](mailto:volunteering@hullcc.gov.uk)

|  |
|--|
| <b>Personal Details</b>                |
| <b>Name:</b>                           |
| <b>Address</b>                         |
| <b>Postcode</b>                        |
| <b>Tel. Number: - Home/Work/Mobile</b> |
| <b>Email:</b>                          |

**Male**

**Female**

**What is your month and year of your birth? Please write below (mm/yyyy)**

\_\_\_\_\_ / \_\_\_\_\_

**Do you speak a language other than English? Yes/No if yes please specify below:**

**Do you have a full current driver's licence? Yes/No**

**Use this section to tell us about:**

**Please indicate the days and times you would be available e.g. 9am to 11am**

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

**How often would you like to volunteer**

| Weekly | Fortnightly | Monthly | other |
|--------|-------------|---------|-------|
|        |             |         |       |

**Skills/Experience/Interest**

Please tell us why you are interested in volunteering and any skills or experience you have which will help you in this role.

Are there any particular areas that you are interested in, or any skills you are hoping to gain

**Reference**

Please give the details of the name and address of a referee, which is not a relative, who would be willing to provide references on your behalf. The reference can either be personal or work-based. Two references will be required if the volunteering activity is in a regulated environment.

**Reference One**

Name:

Address:

Postcode:

Tel No:

email:

In what capacity do you know referee one?

**Reference Two**

Name:

Address:

Postcode:

Tel No:

email:

In what capacity do you know referee two?

**In Confidence**

**You do not have to answer these questions** but if you do, the information you provide will be kept confidential. If you have any queries about these questions or about how your responses will be used, please contact us at [volunteering@hullcc.gov.uk](mailto:volunteering@hullcc.gov.uk)

**Do you have any Adult criminal convictions?** Yes/No *If yes please give details below:*

**Are your day-to-day activities limited because of health problem or an impairment which has lasted, or is expected to last at least 12 months? (Please include conditions such as mental health issues or those related to ageing.)** *Please tick ✓ one box*

- Yes, limited a little
- Yes, limited a lot
- No

**Which of the following best describes your ethnic background?** *Please choose one section and then tick ✓ one box*

**White**

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background (please specify in the space below)

**ASIAN/ASIAN BRITISH**

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background (please specify in the space below)

**BLACK / BLACK BRITISH**

- African
- Caribbean
- Any other Black background (please specify in space provided)

**MIXED / MULTIPLE ETHNIC GROUPS**

- White and Asian
- White and Black African
- White and Caribbean
- Any other Mixed background (please specify in the space below)
- Any other ethnic group (please specify in the space below)

**ARAB OR OTHER ETHNIC GROUP**

- Arab

***Please specify other ethnic background in the space below:***

**Is there anything about your gender you wish to tell us?**

Hull City Council will not disclose your personal information outside of the Council unless we are required by law or you have given your consent. Your details will be kept on a volunteering database, which will be shared with managers across the Council. We may use this to keep you up to date with Volunteering opportunities as and when they arise, that match your requirements.

However If you are happy for The Council to pass on your details to other organisations that the Council works closely with that may have volunteering opportunities that you would be interested in. please tick the box below:

|  |                          |
|--|--------------------------|
| <b>Yes</b> (I am happy for my details to be passed on to organisations who the Council works with) | <input type="checkbox"/> |
| <b>No</b> (I would not like my details to be shared)   | <input type="checkbox"/> |

Please note by submitting this form it doesn't automatically mean Hull City Council will offer you a volunteering opportunity.

I certify that the information I have supplied is true and correct.

I agree to Hull City Council processing, retaining and sharing with relevant officers the personal information contained on this form for any purposes connected to my application or my Health & safety.

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

Office use only:

Date entered onto database: \_\_\_\_\_

Database entry number: \_\_\_\_\_

Email entered onto Global Mailing List:                      Yes                      No

Initials of inputter: \_\_\_\_\_

Once completed e-mail back to [Volunteering@hullcc.gov.uk](mailto:Volunteering@hullcc.gov.uk) or send to:

Young People, Skills & Employability Team  
 1<sup>st</sup> Floor  
 Kenworthy House  
 98-104 George Street  
 Hull  
 HU1 3DT