

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

Title: Last name: Forenames:

Address:

..... Post Code:

Telephone No: (Home) (Work):

Mobile No: Email Address:

Are you under 18 years old? Yes No
 If yes, please provide your date of birth

Are you under 30yrs old? Yes No

Do you own and drive a car? Yes No

Do you have a clean driving license? Yes No

Do you speak any other language? If so please specify

In order to support you in volunteering at LOROS have you suffered bereavement within the last two years? Yes No

If yes, please give details:

CAREER HISTORY

Present occupational status: Employed (Full Time) Employed (Part Time)
 Retired Studying
 Unemployed Other

Past or Present occupation (give dates)

Please tell us about any skills; experience and interest that you have that might be relevant to voluntary service at LOROS.

Previous and present volunteering experience (give details including dates)

.....

HEALTH INFORMATION

Do you consider you have any disability or health problems which will affect how you carry out your requirements for volunteering? (This is only relevant to those roles where you would be required to undertake a function that is intrinsic to the role).

Yes

No

If yes, please give details and specify any adjustments you feel may be necessary:-

.....

REFERENCES

It is LOROS' policy to ask for two references. The next section must, therefore, be completed fully and accurately.

Provide the names of two persons who are able and willing to give you a reference. The first must be a person in authority who has known you in a professional capacity (such as an employer, teacher, minister of religion). The second can be a friend or colleague. Both must have known you for at least two years and neither must be a member of your family or of a partner's family. **(Please print the details clearly and provide the full address and Post Code if known)**

Name:

Name:

Address:

Address:

.....

.....

.....Post Code.....

.....Post Code.....

Tel No:

Tel No:

Email Address:.....

Email Address:.....

Capacity in which the referee is known to you

Capacity in which the referee is known to you

.....

.....

DISCLOSURE AND BARRING SERVICE

As part of the pre-enrollment checks, most volunteer roles at LOROS will require a Disclosure and Barring Service check and that appointment will be subject to this.

EVIDENCE OF UK RESIDENCY

**To be completed by staff recruiting volunteers
at LOROS Enterprises Limited or LOROS Lotteries Limited**

Evidence of UK Residency

I, (Name)

(Position) at the Shop/Lottery Office

confirm that I have seen the original birth certificate/passport for the following:-

(Name)

Birth Certificate

Reference Number:

Passport

Passport Number:

Visa expiry date if applicable:

Signed:

Date:

This form is to be kept with the application form and passed to the appropriate co-ordinator in either Enterprises or Lotteries as applicable.

DATA PROTECTION

I understand that LOROS will hold and process personal data about me. This information is collected for the purposes of managing LOROS volunteers and, where necessary, for the conduct of LOROS business. I understand that some of the personal details LOROS will hold about me may be classed as sensitive (such as the medical questionnaire). I understand that LOROS will not disclose any of my personal information to third parties unless required to do so by law or to meet a statutory obligation, or I have consented to that sharing where necessary.

In an emergency situation LOROS may provide emergency contact details and other appropriate information to those relevant authorities dealing with the emergency.

All details are held securely during the period of time that I am undertaking voluntary work for LOROS; and for six years after ceasing my voluntary work, at which time the records will be destroyed. LOROS are subject to the Data Protection Act 2018 (subject to royal assent) and all applicable law about the processing of personal data and privacy; and will process personal data in accordance with all relevant legislation. I understand that I must comply with the provisions of the LOROS Data Protection Policy.

I understand that if I am not successful in my application to be a volunteer, my application form will be kept on file for 6 months following my application being received; at which point it will be destroyed.

*For more information on your rights and what we do with your information, view the LOROS Privacy policy at <https://www.loros.co.uk/about/data-protection/>

AGREEMENT AND SIGNATURE

I certify that the information I have provided is to the best of my knowledge correct and undertake to inform you should my condition change. I agree to complete a more detailed health questionnaire if required and agree that the Occupational health nurse can discuss this with me (if required) in confidence.

I agree to be enrolled as a volunteer and to abide by the Volunteer Guidelines and Hospice Policies. I declare that the information given on this form is true and complete to the best of my knowledge and beliefs.

NAME:..... SIGNATURE

DATE:

EQUAL OPPORTUNITIES POLICY STATEMENT

LOROS aims to ensure that no individual receives more or less favourable treatment on the grounds of race, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex and sexual orientation and religion or belief.

Therefore, in order to meet your needs and for the purpose of monitoring could you please help us by completing this form which describes how you see yourself.

If you do not feel comfortable disclosing any characteristics on this form please select the "prefer not to answer" option.

All information will be kept strictly confidential in accordance with the principles of the Data Protection Act 2018 and retained on your individual record. The information will be used for publishing anonymous statistical data.

This information will be kept separate from your application form.

Last Name: _____ **Forename:** _____

What is your gender?

- Female
- Male
- Other (if you marked "other" how would you describe yourself)
.....
- Prefer not to answer

Do you identify with the same gender as the one you were born with?

- Yes
- No
- Prefer not to answer

What is your date of birth?

Day		/Month		/Year				

Age band: (circle your response)
less than 25 years/25 to 29/30 to 34/35 to 39/40 to 44/45 to 49/50 to 54/55 to 59/60 to 64/65 to 69/70 to 74/75 plus

Please choose one option that best describes your relationship status:-

- Divorced/Dissolved civil partnership
- In a relationship
- Living with partner
- Married/civil partnership
- Separated but still legally married or in a civil partnership
- Single
- Widowed/Surviving civil partner
- Other please describe:-
- Prefer not to answer

Sexual Orientation:-

- Bisexual
- Gay female/lesbian
- Gay Male
- Heterosexual
- Other (if you marked "other" how would you describe yourself)
.....
- Prefer not to answer

Are you pregnant -

- Yes
- No
- Prefer not to answer

Please choose one option that best describes your ethnic group or background:-

Asian/Asian British

- Bangladeshi or British Bangladeshi
- British Asian
- Chinese
- Indian or British Indian
- Pakistani or British Pakistani
- Sri Lankan
- Other please describe:-.....

Black/African/Caribbean/Black British

- African
- Caribbean
- Somali
- Other please describe:-
-

Mixed/multiple ethnic groups

- White and Asian
- White and Black African
- White and Black Caribbean
- Other please describe:-

White

- English/Welsh/Scottish/Northern Irish/British
- European Mixed
- Gypsy or Irish traveller
- Irish
- Polish
- Western European
- Other Eastern European
- Other please describe:-

Other ethnic group

- Arab
- Other please describe:

Please choose one option that best describes your religion or belief:-

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Bahai | <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jain | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Christian (including Church of England Catholic, Protestant, and all other Christian Denominations) | <input type="checkbox"/> Jewish | <input type="checkbox"/> Other please describe:- |
| | <input type="checkbox"/> Muslim | |
| | <input type="checkbox"/> No religion | |

Do you consider yourself to have a disability, or a long term illness, physical or mental health condition?

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person’s ability to carry out normal day to day activities.

- Yes
- No
- Prefer not to answer

If you have answered “yes” to this question, please state the type of impairment that applies to you. People may experience more than one type of impairment.

Details:- (including any special requirements)