

# Volunteer Application

Please fill in all sections of the form. You will need to download this form and print out for completion

## YOUR PERSONAL DETAILS

<b>Title (Mr/Miss/ Mrs/Ms/Other)</b>		<b>Surname</b>	
<b>First name(s)</b>			
<b>Address</b>			
		<b>Postcode</b>	

## CONTACT DETAILS

<b>Home phone</b>		<b>Mobile phone</b>	
<b>E-mail</b>			

## WHAT TYPE OF VOLUNTEER WORK ARE YOU MOST INTERESTED IN DOING?

*(Please refer to the Volunteer Information Pack)*

<b>Office/Administration</b>	<input type="checkbox"/>	<b>Community Savings Points</b>	<input type="checkbox"/>
<b>Delivering Leaflets</b>	<input type="checkbox"/>	<b>Officer/Director</b>	<input type="checkbox"/>
<b>Ambassador/Contact Point</b>	<input type="checkbox"/>	<b>Marketing/Publicity</b>	<input type="checkbox"/>
<b>Other</b> (please specify below)	<input type="checkbox"/>		

--

# Volunteer Application

**WHERE DID YOU HEAR ABOUT VOLUNTEERING FOR THE HULL AND EAST YORKSHIRE CREDIT UNION?**

**PLEASE TELL US ABOUT ANY SKILLS OR EXPERIENCE THAT YOU BELIEVE ARE RELEVANT TO YOUR APPLICATION**

**PLEASE EXPLAIN WHY YOU WANT TO VOLUNTEER FOR THE HULL AND EAST YORKSHIRE CREDIT UNION AND WHAT YOU HOPE TO GAIN FROM THE EXPERIENCE ?**

# Volunteer Application

**PLEASE GIVE DETAILS OF ANY TIME/DATES YOU MAY BE UNABLE TO VOLUNTEER OR ATTEND AN INTERVIEW**

--

**PLEASE GIVE DETAILS OF TWO PEOPLE, NOT RELATED TO YOU, WHO COULD ACT AS REFEREES**

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Phone</b>	
<b>In what capacity does this person know you?</b> <small>(e.g. Employer, Teacher, Colleague, Friend etc)</small>	
<b>May we contact this person before we meet with you?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Phone</b>	
<b>In what capacity does this person know you?</b> <small>(e.g. Employer, Teacher, Colleague, Friend etc)</small>	
<b>May we contact this person before we meet with you?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

**YOUR SIGNATURE**

<b>Signed</b>		<b>Date</b>	
---------------	--	-------------	--

**PLEASE RETURN YOUR COMPLETED FORM TO HULL AND EAST YORKSHIRE CREDIT UNION AT: 38 BROOK STREET HULL HU2 8LA OR BY EMAIL TO: [info@hullandeycu.co.uk](mailto:info@hullandeycu.co.uk)**

# Equal Opportunities Monitoring Information

---

Hull and East Yorkshire Credit Union (HEYCU) aims to be an equal opportunity employer to protect both staff and volunteers. HEYCU is committed to ensuring that staff and volunteers reflect the community that it serves. In order to monitor the effectiveness of the Equal Opportunities Policy we would be grateful if you would complete this monitoring form in as much detail as possible.

Please note that any information you supply:

- will NOT be used as criteria for selection
- will be treated as strictly confidential
- will be used to monitor how well our volunteer/staff profile reflects the Hull and East Yorkshire community

Including your name is optional however if you supply your name it will help us to discuss any specific needs you may have. If you choose not to answer these questions it will not affect your application.

**Name:**

**Age:**  16-21  22-35  36-45  46-55  56+

**Sex:**  Female  Male  Transgender

**How would you describe your ethnicity?**

- |   |  |
|---|--|
| <input type="checkbox"/> White                          | <input type="checkbox"/> Indian                              |
| <input type="checkbox"/> Irish                          | <input type="checkbox"/> Pakistani                           |
| <input type="checkbox"/> Black – Caribbean              | <input type="checkbox"/> Bangladeshi                         |
| <input type="checkbox"/> Black – African                | <input type="checkbox"/> Chinese                             |
| <input type="checkbox"/> Black – Other (please specify) | <input type="checkbox"/> Other ethnic group (please specify) |

Prefer not to answer

**How would you describe your sexuality?**

- |   |   |
|---|---|
| <input type="checkbox"/> Heterosexual         | <input type="checkbox"/> Lesbian/Gay            |
| <input type="checkbox"/> Bisexual             | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Prefer not to answer |   |

**Do you consider that you have a disability?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|