**City Host Volunteer Application Form**

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| **Title** |  |
| **First Name** |  |
| **Surname** |  |
| **Address (inc. postcode)** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Email Address** |  |
| **Preferred Contact** |  |
|  | |
| Do you have any special needs or requirements? **Yes / No** | |
| *If yes, please provide details below of how we can support you.* | |
|  | |
| Are you related to, or do you live with a Norwich BID employee or Board Members? **Yes / No** | |
| If yes, please provide the details below. | |

When are you available to volunteer? Please fill in the table below by ticking the appropriate boxes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Shift Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| 10.30-12.30 |  |  |  |  |  |  |
| 12.00-14.00 |  |  |  |  |  |  |

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| **Please provide details of any qualifications/skills which you feel will be useful for the role? This includes language skills or educational qualifications?** |  |
| **How did you hear about this opportunity?** |  |

**Supporting statement**

This section gives you the opportunity to give reasons why you would like to apply for a City Host volunteer role with Norwich BID. We will use this statement to help ensure you receive the correct voluntary experience which supports your own development as well as Norwich BID. In the statement, please address the three points below:

* Why would you like to be a City Host?
* What are your strengths/skills which will benefit the role?
* What do you hope and aim to achieve with this opportunity?

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*Please continue on a separate sheet if necessary*

Please indicate the reason(s) that have motivated you to consider volunteering by ticking all applicable options below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Develop new skills** |  | **Enhance your CV** |  |
| **Practise old skills** |  | **Gain work experience** |  |
| **Make new friends** |  | **Make use of spare time** |  |
| **Helping others** |  | **Referred by health professional** |  |
| **Gain confidence** |  | **Other** |  |

**Reference**

Please supply details of two people (not a relative) who we may approach for a reference. One must know you in a professional capacity i.e., employer, educational establishment, health practitioner. A personal referee will need to have known you for approximately 2 years. Please fill in all details below

|  |  |
| --- | --- |
| **Reference One** | **Please indicate type of reference.**  Professional / Personal |
| **Title** |  |
| **Name** |  |
| **Job Title** |  |
| **Address (inc. postcode)** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Email Address** |  |

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| --- | --- |
| **Reference Two** | **Please indicate type of reference.**  Professional / Personal |
| **Title** |  |
| **Name** |  |
| **Job Title** |  |
| **Address (inc. postcode)** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Email Address** |  |

**Declaration**

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| Have you been convicted of any criminal offences, which cannot be regarded as spent convictions under the Rehabilitation of Offenders Act 1974, or do you have any proceedings pending? **Yes / No** |
| *If yes, please provide details.* |

**Recruitment Monitoring**

Norwich BID is committed to ensuring that its volunteer team are treated equally regardless of race, age, disability, ethnic origin, gender or sexual orientation. All information supplied will be treated in utmost confidence and is only used to monitor our equality and diversity. therefore will not be used at any stage of the recruitment process.

|  |  |
| --- | --- |
| **Gender** | Male / Female |
| **What is your age bracket?** | Under 18  18-24  25-40  41-64  65+ |
| **What is your ethnic origin?** |  |
| The Disability Discrimination Act 1995 defines a person as having a disability if he/she “has a physical or mental impairment that has a substantial and short/long term effect on their ability to carry out day to day activities”.  Do you have such a condition which can be considered as a mental or physical impairment? This is so we are purely aware of it and have it on record. **Yes / No** | |
| *If yes, please provide details.* | |

**Confirmation**

Please sign this section after completing all parts of the form.

As far as I aware, the information I have provided is true to the best of my knowledge. I understand that if any information I have given is found to be untrue, any offer of a voluntary role may be withdrawn, or in the discovery after becoming a volunteer, the role may be terminated.

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| **Signed** |  |
| **Name Printed** |  |
| **Date** |  |

By signing this form, you are giving Norwich BID consent to hold and process this personal information about you and third parties i.e., referees under the Data Protection Act 1988.

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| Please return completed form either by email or post to:  Norwich BID  Unit 4.3 Floor 4, Kiln House, Pottergate  Norwich, NR2 1DX.  Email Address: [hosts@norwichbid.co.uk](mailto:hosts@norwichbid.co.uk) Telephone: 01603 559570 |