

## VOLUNTEER RECRUITMENT FORM

Date .....

How did you hear about AGEnda? .....

Name (Mr/Mrs/Miss).....

Address.....

..... Post code.....

Tel. No:..... Mobile: .....

Email address .....

Age Group:    Under 50     50/60     60/70     70/80     80+

Employed     Unemployed     Student     Retired     Other

**Please tick which area(s) you are interested in volunteering in:**

**AGEnda Committees:**

Ards & North Down over 50's Forum     Board of Directors

**AGEnda Services:**

Support & Signposting (Administration)     Good Morning Call support  
 Good Morning Call (365 days a year)     Good Morning Call promotion

**AGEnda Activities e.g. Walking Group, Book Club, Scrabble**

Team Leader

**AGEnda Support**

Phone support     Making tea/coffee     Cleaning  
 Filing     Maintenance

**Please indicate when you are available to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday AM GMC Only	Sunday AM GMC Only
<b>Morning</b>							
<b>Afternoon</b>							

**Please list below any skills you have that would be helpful to AGEnda:  
Please use an extra sheet of paper if required**

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**Please give examples of how you have worked as part of a team, examples of experience relevant to the area of work you have an interest in. (Experience is not essential.)  
Please use an extra sheet of paper if required**

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**Have you previously been involved in voluntary work? Give details  
Please use an extra sheet of paper if required**

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**Any other relevant information: (Please use an extra sheet of paper if required)**

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Have you ever been convicted of a criminal offence? YES  NO   
 Do you have a clean Full Driving License? YES  NO   
 Do you have access to your own car/ would you be happy to travel throughout the  
 North Down and Ards area as part of your role? YES  NO   
 Would you be happy to undergo an Access NI check as part of your role? YES  NO

Can you provide names and addresses of two people whom we could contact for a character reference:  
 (They should not be family members and if possible should have known you for more than 2 years)

**Please ask the person before putting them down as a referee.**

Name ..... Name.....  
 Address..... Address.....  
 .....  
 .....  
 Tel. No. .... Tel. No. ....  
 Relationship to Applicant ..... Relationship to Applicant .....

**EMERGENCY CONTACT DETAILS**

NAME		
ADDRESS		
POSTCODE		
TELEPHONE	HOME/WORK	
	MOBILE	

**CONFIDENTIALITY**

**You should keep absolutely confidential and not make use of any information concerning AGE north down & ards, or any of its clients, received by you in the course of your Volunteering/employment or after your volunteering/employment.**

Signature ..... Date.....

Thank you for your interest and co-operation. Please return your completed form to the address below.

24 Hamilton Road Bangor BT20 4LE T 028 9127 1968 F 028 9147 7979  
 Web [www.agenorthdownards.co.uk](http://www.agenorthdownards.co.uk) E mail [agenda@agenorthdownards.co.uk](mailto:agenda@agenorthdownards.co.uk)

Please return this form to the Monitoring Officer in a sealed envelope

**AGE north down & ards**  
**Equal Opportunities Monitoring Questionnaire**

**Monitoring**

We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or are in a civil partnership; or, whether they are disabled; or whether they have undergone, are undergoing or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons.

Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.

Secondly, we also monitor the *community background* and *sex* of our job applicants and employees in order to comply with our duties under the *Fair Employment & Treatment (NI) Order 1998*.

**You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so.**

Nevertheless, we encourage you to answer the questions below. Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us. To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name.

<b>Date of Birth:</b>
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<b>Gender:</b>	Male		Female	
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<b>Marital Status:</b>	Single	
	Never Married	
	Married	
	Separated	
	Divorced	

<b>Nationality:</b>	
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<b>Religious Affiliation/Community Background:</b>	
Regardless of whether they actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.	
<b>Please indicate the community to which you belong by ticking the appropriate box below:</b>	
I am a member of the Protestant Community	
I am a member of the Roman Catholic Community	
I am a member of neither the Protestant or Roman Catholic Communities	

<b>Ethnic Origin:</b>	White		Indian	
	Pakistani		Bangladeshi	
	Chinese		Black African	
	Black Caribbean		Irish Traveller	
	Black – Other			
	Other			

<b>Sexual Orientation:</b>	
To ensure compliance with the Employment Equality (Sexual Orientation) Regulations 2003 the Council has asked the question below. However, your response to this question is optional.	
I am Heterosexual (Straight)	
I am Homosexual (Gay or Lesbian)	
I am Bi-Sexual	
Other (Please specify)	
I do not wish to answer this question	

<b>Political Opinion:</b>	Unionist Generally	
	Nationalist Generally	
	Other	
	I do not wish to answer this question	

<b>Disability:</b>	
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Under the Disability Discrimination Act 1995 a person is considered to have a disability if he or she has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry our normal day-to-day activities”			
Do you consider yourself to have a disability	Yes		No
<i>If you have answered ‘Yes’ to the above question please indicate the nature of your impairment by ticking the appropriate box or boxes:</i>			
Physical Disability			
Mental Health Disability			
Learning Disability			
Other			

<b>Dependants:</b>	
Do you have personal responsibility for the care of any of the following: (Please tick all that apply)	
A child or children	
A person with long-term physical or mental ill-health or disability	
A dependant elderly person	
None of these	

***To ensure confidentiality, please place this Equal Opportunity Monitoring Questionnaire in the envelope marked ‘Monitoring Officer’, seal the envelope and enclose it with your application form.***