



Volunteer application form non-service delivery work

Strictly confidential

You may print this application form and post the completed (hand written or typed) form to:

Services and Development Manager
Brighton & Hove LGBT Switchboard
Community Base
Brighton

Alternatively, you can email the returned form to brighton.manager@switchboard.org.uk

IT requirement

All volunteers are required to have basic computer skills, in particular communicating via e-mail as this is the method used for internal Switchboard communication. For anyone without a personal e-mail account we can assist you in setting up an email address (i.e. hotmail, gmail, yahoo, etc.) free of charge using Switchboard's computers, which you can use at any time to check your email.

Name	Address
Email address	
Phone numbers Home: Mobile:	

Why Switchboard?

Please describe what you hope to achieve by volunteering with Switchboard.



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Your skills and experience

Please describe which areas of Switchboard's work you would like to volunteer in, for example fundraising, IT support, marketing, training etc.

Please describe any relevant skills, experiences, knowledge and personal qualities you have that would benefit Switchboard in these areas.



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References

Please provide the details of two referees who are able to comment on your suitability for this work. **At least one of these referees must be somebody who knows you professionally, as opposed to personally.**

Reference one

Name:

Relationship with referee and how long they have known you:

Address and phone number:

Email address:

Reference two

Name:

Relationship with referee and how long they have known you:

Address and phone number:

Email address:

To assist us in evaluating our marketing activity, please tell us where you heard about Switchboard?

Thank you for completing this application form which will be reviewed by the manager who will contact you as soon as possible to discuss your application.

If you have any questions in the meantime please contact the manager on the above details, or the administrator can be emailed at brighton.admin@switchboard.org.uk

SIGNATURE

DATE



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MONITORING FORM

Please complete this form by answering the questions below. This information will assist us in monitoring service users in a confidential manner. This will enable us to gather useful information, target our services effectively, and meet the needs of our service users.

Date:.....

1) What is your gender?

Male

Female

Other (please specify)

Do you or have you ever identified as Transgender?

Yes

No

2) What is your ethnic group?

(Please circle a group from A-E then tick appropriately to indicate your cultural background.)

A. WHITE

Scottish

English

Welsh

Irish

Other *(please specify)*

B. MIXED

Please specify

C. ASIAN/ASIAN BRITISH, SCOTTISH, WELSH, IRISH

Indian

Pakistani

Bangladeshi

Chinese

Other *(Please specify)*

D. BLACK/BLACK BRITISH, SCOTTISH, WELSH, IRISH

Caribbean

African

Other *(Please specify)*

E. OTHER ETHNIC AND CULTURAL BACKGROUND. *(Please specify)*

3) What is your sexual identity?

Lesbian

Gay

Bisexual

Unsure

Heterosexual

Other (please specify)

4) What is your age?

5) Do you consider yourself to have a disability?

(If answering yes please specify what the disability is)

Yes

No

The current definition of disability under the disability discrimination act is: 'A person has a disability for the purpose of this act if he has a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities.'

Thank you very much for completing this form