***Strictly Confidential***

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

Brighton & Hove LGBT Switchboard  
Community Base  
113 Queens Road   
Brighton  
BN1 3XG

Alternatively, you can email the returned form to [brighton.admin@switchboard.org.uk](mailto:brighton.admin@switchboard.org.uk)

**IT Requirement**

All volunteer help-line operators are required to have basic computer skills, in particular communicating via e-mail, and performing internet searches to locate resources for help-line callers and email enquirers.

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:** |  |

**Please tick which volunteer opportunities you would like to apply for:**

LGBT Switchboard Helpline Operator  
 LGBT Health & Inclusion Project Community Outreach Volunteer  
 Older LGBT Project

**Why Switchboard?**

Please describe what you hope to achieve by being a volunteer with Switchboard.

**Your Skills and Experience**

Please describe any relevant skills, experiences, knowledge and personal qualities you have that would enable you to fulfil the role of Switchboard volunteer addressing the points on the person specification.

Please specifically evidence your knowledge and experience of the LGBT community and the issues that affect LGBT people. This is important for us to assess your suitability for this role that involves responding to a wide range of LGBT people.

**Please give details of any criminal convictions including spent convictions**(If offered a volunteer opportunity you will be subject to an enhanced DBS check)

**References**

Please provide the details of two referees who are able to comment on your suitability for the role of volunteer help-line operator. At least one of these referees must be somebody who knows you professionally, as opposed to personally.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Reference One*** | | | |
| ***Name:*** |  | ***Relationship with referee:*** | |
| ***Phone:*** |  |  | |
| ***Email:*** |  |
| ***Address:*** |  |
| ***Known since:*** |  |
|  | | | |
| ***Reference Two*** | | | |
| ***Name:*** |  | ***Relationship with referee:*** | |
| ***Phone:*** |  |  | |
| ***Email:*** |  |
| ***Address:*** |  |
| ***Known since:*** |  |

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

**Are you interested in volunteering your time to assist with any other aspects of Switchboard’s work, for example, fundraising, marketing, IT, or any other area of work?**Please give details of what you would be willing to help with, and what skills and abilities you have in those areas.

*I agree to become a member of Brighton & Hove LGBT Switchboard and consent to my details being held on the members register.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Thank you for completing this application form which will be reviewed by the Helpline or LGBT HIP Manager. If you appear to meet the requirements for the volunteer role you will be contacted regarding attending an interview.   
  
If you have any questions in the meantime please contact us on the above details, or the administrator can be emailed at:** [**brighton.admin@switchboard.org.uk**](mailto:brighton.admin@switchboard.org.uk)

**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 | Genderqueer | | Non Binary | | |
|  | | | | | | | |
| Other : |  | | |  | Prefer not to say | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2) What is Your Ethnic Group?** | | | | | | |
|  | |  | | | | |
| White British | |  | Asian or British Asian - Chinese | | | |
| White Irish | |  | Asian or British Asian - Other | | |  |
| White Traveler of Irish Heritage | |  | Black or Black British - Carribean | | | |
| White Other |  |  | Black or Black British - African | | | |
| Asian or British Asian - Indian | |  | Black or Black British - Other | |  | |
| Asian or British Asian - Bangladeshi | |  | Mixed |  | | |
| Asian or British Asian - Pakistani | |  | Other |  | | |
| Prefer not to say | |  |  |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3) What is Your Sexual Orientation?** | | | | | |
| Lesbian | Gay | | Bisexual | | Queer |
|  |  | |  | |  |
| Heterosexual | Other |  | |  | Prefer not to say |

|  |  |  |  |
| --- | --- | --- | --- |
| **4) What is Your Age?** |  |  | Prefer not to say |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5) Do You Consider Yourself to Have a Disability?** | | | | |
|  | | | | |
| Yes (please specify) |  |  | No | Prefer not to say |

*The current definition of disability under the equality act is a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.*

**Thank You for Your Time**