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|   | **Bath City Farm**Kelston ViewWhitewayBathBA2 1NWTel: 01225 481269info@bathcityfarm.org.uk |

**KEY VOLUNTEER APPLICATION FORM**
Thank you for your interest in volunteering with us at Bath City Farm.
Please fill in this form and return it to a member of staff or post it to the above address.

## **About you**

|  |  |
| --- | --- |
| **Full name is** |  |
| **The pronouns I use are...**e.g. she/her, he/him, they/them  |  |
| **Date of birth** |  |
| **Address and postcode** |  |
| **Telephone contact number** |  |
| **Email address** |  |

**SUPPORT** – Do you have any additional support needs such as a learning disability, mental health difficulty or physical disability that you would like us to be aware of

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| --- |
|  |

MEDICAL INFORMATION – please give details of any medical condition or medication that we should know about (eg Allergies, Diabetes etc.)

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|  |

 **Details of someone we can contact in an emergency:**

|  |  |
| --- | --- |
| Name |  |
| Contact number |  |
| Relationship to you |  |

##### ADDITIONAL INFORMATION

#### Do you have any interests, previous experience or special skills that might be relevant to Bath City Farm:

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|  |

#### What do you hope to gain from being at Bath City Farm?

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|  |

Where did you find out about Bath City Farm?

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Availability – What days and times can you volunteer?

**REFERENCES**

It is our policy to obtain two character references. Please provide details of two referees who know you well enough to comment on your suitability to take part. If you receive any help from an agency or support worker please use them as one of your referees. Other people could be employers, other organisations you have been involved with, professional, friends, neighbours, family etc

**Please give us details of two people who could provide a reference.**

|  |  |
| --- | --- |
|  **Name:** ………………………….......... **Address:** …………………………….. …………………………………………. ………………………………………….. ………………………………………….. **Phone No:** …………………………… **Email:** ………………………………. **How do you know this person?**   **How long for?**  |  **Name:** ………………………….......... **Address:** …………………………….. ………………………………………. ……………………………………….. ……………………………………….. **Phone No:** …………………………… **Email:** ………………………………... **How do you know this person?**   **How long for?**  |

**You may also be asked to undertake a DBS check depending on the nature of your volunteering role**

**CRIMINAL CONVICTIONS**

Bath City Farm are required to take certain safeguards to protect vulnerable groups, and therefore must ask you for details of any unspent criminal convictions. Any information given will be treated in strict confidence and used only in connection with this application. A criminal record is not necessarily a barrier to getting involved. If you do have a criminal record, your suitability for a taking part will be assessed according to your record's relevance to the role. Dismissal from taking part may result if it is discovered that previous convictions were not disclosed.

Do you have any convictions or conditional cautions which are currently unspent under the Rehabilitation of Offenders Act 1974 [You do not need to disclose anything that is ‘spent’ at this time]. \* tick here

 YES No

Check whether your conviction or caution is spent here: [Disclosure Calculator - Unlock](https://unlock.org.uk/disclosure-calculator/)

**DECLARATION: I declare that to the best of my knowledge, all of the above information is correct:**

**Signature: ……………………………………….………… Date: …………………….**

**PHOTOGRAPHIC CONSENT**

Sometimes we may take pictures of our projects to promote the farm on our website or social media or for funding applications.

* I give my permission to use images of me taken at the farm to promote the Farm’s work, on social media, website, and in the press etc. and reports on our work that are not public.

**MUST BE KEPT SEPARATELY**

**Equal Opportunities Information**

This section is optional, anonymous, and kept separately from your personal file. This information helps us to better understand who the project is reaching and how we can better reach people who come from different backgrounds. Where it is use for funding purposes it will always be anonymised.

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| 1. **What gender do you identify with?**
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| * Prefer not to say
 |
| 1. **How do you describe your sexual orientation?**
 |
| * Prefer not to say
 |
| **4.Please identify which age group you belong to:** |
| 16-2425-3435-4445-5455-6465+* Prefer not to say
 |
| **6.Do you consider yourself to have a disability?** |
| * Prefer not to say
 |
| **7.How do you describe your spiritual beliefs?** |
| * Prefer not to say
 |
| **8.Do you have caring responsibilities?**  |
| * Prefer not to say
 |
| **9.What is your ethnicity?** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box |
| * Prefer not to say
 |
| **10.What class, if any, do you identify with?*** Prefer not to say
 |