

## Application Form for CAB Volunteer

**Please read any accompanying information before completing this form.  
If you find the form difficult to understand or complete,  
please contact your local bureau.**

### Personal Details

1	<b>Name</b>	
2	<b>Title</b>	Mr / Ms / Mrs / Miss / other (please state)
3	<b>Address</b>	
	<b>Postcode</b>	
4	<b>Telephone</b>	
	<b>Mobile No.</b>	
5	<b>Email</b>	

### Recruitment Information

6	<b>Role you are interested in</b> <i>(circle as applicable)</i>	Gateway Assessor, Generalist Adviser, Receptionist, Administrator, Social Policy Co-ordinator, Marketing and Promotions Officer, Fundraiser, IT Support Co-ordinator, Trustee, Information Assistant.  Other <i>(Please state)</i> :
7	<b>Describe the skills</b> you could bring to the role(s) e.g. dealing with the public, telephone advice, computer skills, research, public speaking.	
8	<b>Why do you want to Volunteer</b> with the CAB	

### Previous Experience

9	<b>Volunteering Experience</b> Please tell us about any other voluntary work you have done	
10	<b>Educational Experience</b> Please tell us about any certificates, courses or qualifications you have done or any clubs you were part of that are relevant to the volunteer role(s)	
11	<b>Employment Experience</b> Please tell us about any paid work experience you have that is relevant to the volunteer role(s)	

12	<b>Additional Information</b> Please add any other information that may be helpful e.g. if you have been a carer, raised a family, speak another language etc or anything else you would like to say about yourself	
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**Availability**

It is useful to know when you would be available to volunteer. Please indicate below the times when you are generally available:

13	Which day(s) would you be available ( <i>please circle</i> )	Monday	am	pm	
		Tuesday	am	pm	
		Wednesday	am	pm	
		Thursday	am	pm	
		Friday	am	pm	
		Saturday	am	pm	
14	Evening availability				
15	Regular times you would NOT be available e.g. school holidays				

**References**

Please give the names and addresses of at least two people (and no more than four people), other than your family, who can tell us about you – e.g. an employer, teacher or someone who knows you well.

Referee 1		Referee 2	
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email		Email	
Referee 3 (optional)		Referee 4 (optional)	
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email		Email	

**Specific Needs**

<p><b>Please tell us about any specific needs you would like us to take into account e.g. mobility.</b>  <b>(If offered an interview you could tell us then if you prefer)</b>  <b>This information will be treated as strictly confidential.</b></p>

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<b>Please tell us where you heard about our Volunteer Vacancies/Roles</b>
e.g. Newspaper, Website, Friend

**Please note:** To ensure the safety of our clients, the Citizens Advice service requires that all volunteers who have direct access to clients, where any part of the work is primarily targeted at legally defined vulnerable adults or children, have their criminal records checked. However, the Citizens Advice service is committed to the promotion and delivery of equal opportunities to volunteers and so has a policy to ensure ex-offenders are not discriminated against.

All offences, other than sexual crimes against a child or vulnerable adult, will be treated on an individual basis taking into account issues such as the risk to the client, the circumstances of the offence (eg what it was, is it relevant to the volunteer role, how long ago it was) and the reputation of the bureau.

**Signed:** ..... **Date:** .....

**Please return this form with the equal opportunities monitoring form below to:**

The Bureau Administration Manager  
19 Tower Street  
Ipswich IP1 3BE  
Suffolk



**Volunteer Monitoring Information**  
This information will not affect your application

The CAB service aims to provide equal opportunities and fair treatment for all people applying to be volunteers regardless of race, sex, disability, sexual identity or marital status. In order to achieve these aims we have a policy of monitoring the recruitment and composition of bureau staff and volunteers. All information will be treated confidentially. This information will be separated from your application form before short listing is completed.

**Age**

- <25       25-34       35-44       45-54       55-64       65+

**Gender**

- Female       Male

**Do you consider yourself to have a disability?**

- Yes       No

**Ethnic Origin**

White	Mixed	Asian or Asian British	Black or Black British	Gypsy / traveller	Chinese or Other Ethnic Group
British <input type="checkbox"/>	White and Black	Indian <input type="checkbox"/>	Black	Gypsy / traveller <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>		Other Ethnic Group <input type="checkbox"/>
Other White <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Black African <input type="checkbox"/>		
	White and Asian <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Other Black <input type="checkbox"/>		
	Mixed British <input type="checkbox"/>				
	Other Mixed <input type="checkbox"/>				

**Data Protection Act 1998**  
 As part of the recruitment procedure we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for up to a year after the date on which it is submitted. Any information of this nature will be treated confidentially. Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.  
 For the purposes of the Act the Data Controller is J Hardcastle, Bureau Manager CAB.

I give my consent to sensitive personal information being recorded and stored.

Signed ..... Date: .....

Name (Please Print).....