

**The Olive Branch Day Centre
Volunteer Application Form**



Registered Charity No. 1174469

Name:

Address:

Post Code:

Telephone (Home):

(Work):

Mobile:

Email:

Emergency Contact Name:

Relationship:

Address:

Postcode

Daytime Tel No

Mon 10-3	Wed 10-3	Fri 10-3	Sat 9-1	Sat 1 -5	Sun 9-1	Sun 1-5
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Which of the following day sessions would you be available to work at the Olive Branch? Please tick

The Olive Branch has a positive attitude to employing ex – offenders everyone has the right to a second chance in the right setting.

Do you have a criminal record? Yes/No

Do you have a probation officer? Yes/No

Please can you provide contact details for your probation officer so we can contact them to establish if this type of volunteering work is suitable for you.



REFEREES

Please provide details of two referees.

1. Name:

2. Name:

Address:

Address:

Tel No:

Tel No:

Relationship:

Relationship:

DECLARATION

I declare that to the best of my knowledge, the information given in this application form is correct and that I have not left out any facts which may have a bearing on my application.

Signed.....

Date.....

Please return your completed application form to:

Info.olivebranchnewport@gmail.com

Alternatively in a sealed envelope addressed to:-

FAO Anna Gibson, the Manager
The Olive Branch Day Centre
111 Lower Dock Street
Newport. NP20 2AF



EQUAL OPPORTUNITIES MONITORING FORM

Please complete the form and return it with your application form. The form is only to monitor those applying to act as advocates, and to ensure that we as an organisation are offering equal opportunities.

<u>ETHNIC ORIGIN – please circle</u>	
• WHITE;	BRITISH, IRISH, OTHER;
• BLACK OR BLACK BRITISH;	CARIBBEAN, AFRICAN, OTHER;
• MIXED;	WHITE & BLACK CARIBBEAN, WHITE & BLACK AFRICAN, WHITE & ASIAN, OTHER;
• ASIAN OR ASIAN BRITISH;	INDIAN BANGLADESHI PAKISTANI, OTHER;
• CHINESE OR OTHER ETHNIC GROUP;	CHINESE, OTHER

WHAT IS YOUR GENDER?

DO YOU CONSIDER YOURSELF TO BE DISABLED? Yes / No

IF YES WHAT TYPE OF DISABILITY DO YOU HAVE?

- Physical
- Sensory
- Learning
- Other (please specify).....