

Islamic Relief Volunteers Application Form

Personal Details

Title: Dr/Mr/Miss/Mrs/Ms **First Name:** **Surname:**

Address: **Tel Day/Eve:**

..... **Mobile:**

.....

Email:

Date of Birth:/...../.....

Availability

(Please tick the times you are available to help Islamic Relief and on which days)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
I am available on:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

I am available from the: **to the:**

EDUCATION / COMMUNITY WORK EXPERIENCE

Dates	Education/Community Work	Course/Job Title	Qualifications/Duties

Skills

(Please state your skills and why you would like to work as a volunteer for Islamic Relief. Include any languages, computing skills etc.)

.....

.....

.....

.....

Full Driving License: Yes / No

Access to a Vehicle (Car): Yes / No

Areas of Interest

- | | |
|--|---|
| <input type="radio"/> Event planning / Management | <input type="radio"/> Fundraising |
| <input type="radio"/> Marketing / Advertising | <input type="radio"/> Administration (office based) |
| <input type="radio"/> Campaigning | <input type="radio"/> Charity Shop |
| <input type="radio"/> Literature Distribution | <input type="radio"/> Speaking Represent Islamic Relief |
| <input type="radio"/> Other (please specify) _____ | |

Criminal Convictions

Please give details of any unspent convictions. A conviction will not necessarily exclude you from volunteering. We are legally obliged to ask. We consider any conviction in relation to the voluntary position.

.....
.....
.....

Referees

Please give details of two people whom we may contact for references. One of these must know you through work or university. Relatives may not be used as referees.

1. Name
Address

2. Name
Address

Postcode
Tel:
Relationship to you

Postcode
Tel:
Relationship to you

Declaration

The information given in this form will be accepted as a true record of your personal details and will be treated as strictly confidential.

Signature.....

Date.....

Equal Opportunities Monitoring Form

In order to ensure that Islamic Relief's Equal Opportunities policy is effective, we need to obtain certain information. Your co-operation is sought in providing this. This form will be treated in the strictest confidence and the information supplied on this form is used for statistical purposes only.

Full Name:.....

Date of Birth:

Age:

Application For:

Date of Application:

How would you describe yourself?

These categories of ethnic origin are recommended by the UK Equal Opportunities Commission as the most appropriate for the UK. We recognise, however, that the specified categories may not be appropriate for everyone. If this is the case please use the last box.

Bangladeshi

Indian

Black African

Irish

Black Caribbean

Pakistani

Black Other
(Please specify)

White

Chinese

Other
(Please specify)

Gender: Male

Female

Do you consider yourself to have a disability?

Yes

If yes, what is the nature of your disability?

No

.....

Thank You for your co-operation