



VOLUNTEER APPLICATION FORM

Thank you for showing an interest in volunteering at St. Luke's community centre.

St Luke's Centre is at the core of community activity with services delivered directly by St Luke's as well as many other groups and individuals. For many years we have placed an emphasis on helping older people living in the community, and have provided traditional day centre services to this group.

As well as providing social care and welfare services for older people, the Centre also provides after school clubs, healthy lunches for all visitors, advice services, gardening and food growing projects, adults and children's classes/activities, an online centre and many training and volunteering opportunities including St Luke's Time Bank.

All St. Luke's volunteers will be trained and supported by us. We will make sure that we meet your volunteering needs and that the organisation's policies and procedures are met. We hope that you will find your time with St. Luke's satisfying and rewarding.

For more information please telephone: - 0207 549 8181

Please return your completed form to:

Keren Wiltshire, Director of services,
St. Luke's Centre, 90 Central Street
London EC1V 8AJ

Registered Charity no.:- 207497



VOLUNTEER APPLICATION FORM

Volunteer role being applied for (if known):

Contact details

Name

Address.....

..... Post Code

Tel..... Date of Birth ____ / ____ / _____ (dd/mm/yyyy)

Email.....

What has attracted you to the idea of volunteering with St. Luke's?

(Tick boxes that apply)

- Personal & professional development Social Opportunities
- Gain work experience Give back to the community
- Other – please specify.....

Do you have any skills / experience that you would particularly like to use at St. Luke's?

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Do you have any skills / experience that you would like to develop at St. Luke's?

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Personal profile

Please use the space below to tell us additional information about yourself. (This will help us find you the right volunteer role.)

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Availability (please tick box)

I can offer my time:-

- At one off events / projects
- Monthly (please specify)
- Evenings (please specify)

Weekdays (tick as many that apply):

- Monday Tuesday Wednesday Thursday Friday
- Other (please specify)

Do you have any special requirements that we need to be aware of?

Remember this will not affect your volunteering with us, but will enable us to address your needs in advance.

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Please provide details of two referees.

Please note – referees can be employers, tutors etc. It can be anybody that knows you but should not be a relative or spouse. You need to have known them for at least 6 months.

1. Name: _____
Address: _____
_____ Postcode: _____
Tel: _____ Email _____
Relationship to you: _____

2. Name: _____
Address: _____
_____ Postcode: _____
Tel: _____ Email _____
Relationship to you: _____

Yes No

Do you have any criminal convictions, including ‘spent’ convictions?

We may require volunteers to carry out ‘Criminal Records Bureau’ (CRB) checks

Declaration

I confirm that the information on this form is correct.

I understand that these details will be kept on file by St. Luke’s. My details will not be given to other organisations and will be kept confidential.

Signature:..... Date: ____ / ____ / _____ (dd/mm/yyyy)

St. Luke’s Parochial Trust promotes equal opportunities.

For monitoring purposes, please also complete the attached Equal Opportunities form and return it to us along with your application form (OPTIONAL).



EQUAL OPPORTUNITIES MONITORING FORM
(OPTIONAL)

St. Luke’s Trust promotes equal opportunities. It aims to ensure that all job applicants, volunteers, and employees receive equal treatment regardless of age, disability, ethnic origin, gender, race, religion, responsibility for dependants and sexual orientation.

Please help us monitor the effectiveness of our Equal Opportunities Policy by filling out the form below and returning it along with your volunteer application form.

Gender

Male Female

Age Range

Under 18 18-29 30-39 40-49 50-59 60-65 Over 65

Disability

Do you consider yourself to have a disability (i.e. a physical or mental impairment which has a substantial and long term effect on your ability to carry out normal day-to-day activities?)

Yes No

If 'Yes' please specify:-

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Ethnic origin

White:

British
Irish
Any Other white background

Mixed:

White and Black Caribbean
White and Black African
White and Asian
Any Other Mixed Background

Chinese

Chinese

Asian or Asian British:

Indian
Pakistani
Bangladeshi
Any Other Asian Background

Black or Black British:

Caribbean
African
Any Other Black Background

Other Ethnic Group: