



**APPLICATION FORM**

<b>Name</b>		<b>Preferred Title</b> Mr/Mrs/Miss/Ms	
<b>Preferred Tel. No.</b>		<b>Email</b>	
<b>Address</b>			
<b>Where did you hear about volunteering for Altrincham Hosts?</b>			
<b>Your skills and interests (please tick)</b>		<b>Projects which interest you (please tick)</b>	
Admin /clerical		General admin / clerical / organisation	
Fundraising		Key events Greater Manchester Marathon, Music Festival, Arts Festival, Altrincham Festival etc)	
Computer skills / IT		Planting and maintenance / community clear-ups	
History and heritage		Christmas events & activities in the town	
Community events		Arts & Heritage	
Conservation		Exhibitions	
Horticulture / gardening		Charity projects/fundraising	
Market research		Meet and Greet	
<b>Are you a car owner?</b> Yes / No			
<b>Any previous experience as a volunteer?</b>			
<b>Relevant personal / work experience (incl. courses or training)</b>			
<b>Hobbies and Interests</b>			

Why would you like to be an Altrincham Host?

If available evenings/weekends only, please tick

**Disclosure and Barring Service (DBS)**

Following recent changes in the law, a Disclosure and Barring Check is sometimes required before beginning volunteering, depending on the nature of the role. These checks are free for volunteers and we will assist you in your application.

Volunteers are required to declare their entire criminal record, including cautions, reprimands, final warnings and criminal convictions categorised as 'spent' under the above legislation. Please complete and sign this section. The information provided will be kept confidential. It will only be disclosed to specific staff if/when they are considering you for specific volunteering opportunities and/or a DBS check is needed.

**Have you ever been convicted at a Court or Cautions by the Police for any offence?**

Yes / No (Delete as appropriate).

If Yes, please give details, including date(s) and nature of offence(s).

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**REFERENCES**

We require two character references who have known you for **at least a year**, e.g. an employer, a tutor, a minister of religion or any reputable person. They should not be a relative, or a person with whom you live or share a house.

Name	Name
Address	Address
Postcode	Postcode
Telephone	Telephone
Mobile	Mobile
Email	Email

I hereby declare that all the information I have given is correct.

Full Name.....

Date.....

Signature.....

Thanks for your interest in becoming an Altrincham Host! Please return your completed form to Altrincham Unlimited, FAO Rachel Taylor by email to [rachel.taylor@altrinchamunlimited.co.uk](mailto:rachel.taylor@altrinchamunlimited.co.uk) or by post to Station House, Stamford New Road, Altrincham WA14 1EP.

## Equalities and monitoring form

This section of the application form will be used for monitoring purposes only. Altrincham Hosts are committed to promoting equality and eliminating unlawful discrimination.

If you don't want to disclose information, just tick the appropriate box.

Age	<input type="checkbox"/> 18–35	<input type="checkbox"/> 36–50	<input type="checkbox"/> 51–65	<input type="checkbox"/> Over 65	<input type="checkbox"/> I do not wish to disclose this
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> I do not wish to disclose this	
<input type="checkbox"/>					

### Race relations (Amendment) Act 2000

I would describe my ethnic origin as:		
<b>Asian or Asian British</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background  <b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<b>Mixed</b> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background  <b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<b>Other Ethnic Group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group  <input type="checkbox"/> I do not wish to disclose this

### Equality Act (Sexual Orientation) Regulations 2007

Please select the option which best describes your sexuality	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual  <input type="checkbox"/> I do not wish to disclose this

### Equality Act 2006

Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other	<input type="checkbox"/> Hinduism <input type="checkbox"/> Judaism  <input type="checkbox"/> I do not wish to disclose this

### Disability Discrimination Act 2005

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I do not wish to disclose this
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