



VOLUNTEERING APPLICATION FORM

PLEASE COMPLETE IN CAPITAL LETTERS.

SECTION ONE:

Title: Dr/ Ms/ Mrs/ Mr/ Rev _____ Other: _____

Name: _____

Address: _____

Postcode: _____ Email: _____

Tel: _____ (Daytime) _____ (Evening)

Age: Tick where appropriate:

16-25

26-35

36-50

51 +

SECTION TWO:

Volunteering Experience:

Have you done any voluntary work before? YES/NO (Please delete as appropriate)

If yes, please tell us with which organisation you did your volunteer work. Give as much detail as possible regarding your voluntary work experience. You can use an additional sheet if necessary.

SECTION TWO

Why do you want to be a volunteer with Black Health Agency?

So we can ensure you get the most out of volunteering with BHA please tell us what you hope to gain from your experience? E.g. Skills, work experience.

Do you speak any languages apart from English? Yes No

Please Name: _____

Do you wish to use them? Yes No

If yes, would you like your details to also be passed onto the Interpretation Service for session work? Yes No

Please give details of any interests and hobbies you have.

Please indicate which days you are available and how much time you can give to the Black Health Agency:
 Total No. of Hours per week: _____

Mon	Tue	Wed	Thu	Fri	Sat	Sun
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm
eves	eves	eves	eves	eves	eves	eves

SECTION THREE:

Which BHA projects are you most interested in: (Please tick):-
 For those you have ticked please indicate your preference in numbering order with 1 being your most preferred and 8 being your least preferred.

Young Black Peerspectives (YBP) - Young People Working with Young People re Teenage Pregnancy, Parenting, Sex Health Education *	<input type="checkbox"/>	<input type="checkbox"/>
African AIDS Helpline	<input type="checkbox"/>	<input type="checkbox"/>
Arise: HIV/AIDS Support Service	<input type="checkbox"/>	<input type="checkbox"/>
Routes: Asylum Seeker Children and Families/Refugees & Mental Health *	<input type="checkbox"/>	<input type="checkbox"/>
Manchester Drugs & Race Unit	<input type="checkbox"/>	<input type="checkbox"/>
Manchester Race & Health Forum	<input type="checkbox"/>	<input type="checkbox"/>
Patient and Public Involvement Forums	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>
Jeena Health Project: Working with South Asian Women *	<input type="checkbox"/>	<input type="checkbox"/>

* Some volunteering positions within projects will be working directly with clients. Volunteers in these areas will be subject to an enhanced Criminal Record Bureau (CRB) Check. The volunteer co-ordinator will indicate whether your area of interest requires a CRB check.

What type of activity would you like to do? (Please tick):-

<i>Promoting Sexual Health Awareness</i>	<input type="radio"/>	<i>Marketing & Publicity, Print Design</i>	<input type="radio"/>
<i>Providing HIV/AIDS/ Support</i>	<input type="radio"/>	<i>Fundraising/Networking</i>	<input type="radio"/>
<i>Peer Evaluation</i>	<input type="radio"/>	<i>Advice/Welfare Rights</i>	<input type="radio"/>
<i>IT – Web Design /Office Administration</i>	<input type="radio"/>	<i>Alternative Therapy e.g., Massage, Aromatherapy</i>	<input type="radio"/>
<i>Befriending</i>	<input type="radio"/>	<i>Research</i>	<input type="radio"/>
<i>Organising Events</i>	<input type="radio"/>	Other (please specify:-	

SECTION FOUR:

In order to protect the users of our services, we may need to take up references. Please give the names and addresses of two referees. We would prefer your references to be provided by your current or most recent employer, or someone who knows you in an educational or professional capacity.

<p>Name of Referee and Relationship to you:</p> <p>Position:</p> <p>Address:</p> <p>Post Code</p> <p>Contact No:</p> <p>Email:</p>	
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Name of Referee and Relationship to you: Position: Address: Post Code Contact No: Email:	
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Please indicate the most convenient time(s) to contact you.

Mon	Tue	Wed	Thu	Fri
am	am	am	am	am
pm	pm	pm	pm	pm

I confirm that the information in this application is accurate to the best of my knowledge.

Signed: _____

Date: _____

Please send or fax your completed application form to:

***Volunteer Co-ordinator
Black Health Agency
464 Chester Road,
Old Trafford
Manchester
M16 9HE***

Fax: 0845 450 3247