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| *Please let us know if you require any assistance when completing your application form, or if you wish to complete it in a different way.*  *Please also let us know if somebody has completed the form on your behalf.* |

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| TITLE : Unity Volunteer | | |
| PERSONAL DETAILS | | |
| Surname name |  | Correspondence Address: |
| First Name(s) |  |  |
| Telephone |  | Post code: |
| Mobile |  | Email: |
| D.O.B |  | |

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| EMERGENCY CONTACT | | |
| Family name |  | Relationship to you: |
| First Name(s) |  |  |
| Telephone |  |
| Mobile |  |

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| RELEVANT EXPERIENCE  Please give details of any previous or current volunteering undertaken | | | |
| From | To | Name and Business | Brief details of post, or any other details you would like to include |
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| REFERENCES  Please give the name, address, telephone number and status of at least one individual who is willing to provide you with a reference (personal or professional) | |
| Name: | Name: |
| Address: | Address: |
| Tel No | Tel No |
| Relationship to you: | Relationship to you: |
| E-mail: | E-mail: |

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| How did you hear about volunteering at Unity Theatre? | |
| Word of Mouth  Unity Theatre Website  Poster | Other (please specify)  …………………………………………………… |

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| Please explain your reasons for applying for this position: |
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| Below are some questions relating to the essential criteria, please answer them as best as you can. |
| How do you believe this volunteering experience will benefit you, whether personally or professionally?  Could you explain a little about your interest in the arts?  What experience do you have in customer service, or what skills are you hoping to gain in this area? |

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| Is there any further information you would like to let us know about (i.e. do you require any extra assistance when volunteering? etc.) |
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| ADDITIONAL INFORMATION | | |
| REHABILITATION OF OFFENDERS ACT  In the event of a successful application an Enhanced Disclosure and Barring Service (DBS) check may be requested from the candidate as a condition of appointment. Please note a criminal conviction will not necessarily be a bar to obtaining a position.  Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? | Yes | No |
| ELIGIBILITY TO WORK IN THE UNITED KINGDOM  Section 8 of the Asylum and Immigration Act 1996 requires all employers in the United Kingdom to make basic document checks on every person they intend to employ. By making these checks, employers can be sure they will not break the law by employing illegal workers  Are you eligible to work in the UK, and can provide a current work permit if requested? | Yes | No |

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| DECLARATION  I understand that personal information about me will be held and used for personnel/administrative purposes but not distributed to other parties without my permission. I am aware that if I am selected for a post having access to children or other protected groups, Unity Theatre will carry out a DBS criminal records check to establish whether or not I have a record of conviction.  Please tick this box if you would like to be added to the  Unity Theatre mailing list 🞏 |

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| How many sessions are you available on a monthly basis? |
| 4 🞏 5 🞏 6 🞏 7+ 🞏 |

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| A major part of a volunteer’s role is to be able to respond rapidly in the event of an emergency, which may be medical or which may well result in having to evacuate patrons from the building. It is a condition of your appointment as a volunteer at Unity Theatre that you are physically fit enough to carry out these duties. Unity Theatre will assess volunteers’ ability to undertake the job safely on an on-going basis. If you have any medical condition that may affect your ability to carry out particular duties please alert the Duty Officers at your introductory session. |

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| DECLARATION  I certify that the information given on this form is, to the best of my knowledge, true and complete. I give my consent for my details to be held on file by the Unity for up to six months, after which time they will be destroyed.  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

All of the information you provide will be held in accordance with the General Data Protection Regulation 2018.