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**Volunteer Application Form**

**Please complete the details below and return this form to** [**volunteering@ywt.org.uk**](mailto:volunteering@ywt.org.uk) **or post to   
Volunteering Support Team, Yorkshire Wildlife Trust, 1 St Georges Place, York, YO24 1GN**

Title of the opportunity you’re applying for

**Your details:**

Title:

First name:

Last name:

Phone:

Email:

Address:

Town/City:

Postcode:

Date of Birth:

If you are under 16, please provide your parent or guardians email address. If you are 16 or 17 we will ask that you provide a parental/ guardian consent form. Volunteers under the age of 16 will require a parent or guardian to accompany them.

**About you:**Tell us why you are interested in volunteering. You can choose to **‘X’** as many of the options below as you feel are relevant. This will help us to understand what you’re looking for and the types of opportunities you’d like;

Belief in the work of the Wildlife Trust

Develop my knowledge/interests

Fun

Fill some time

Exercise

Get some work experience or help with my CV

Help others

Make a difference to the local community

Make a difference to the natural environment

Preserve our heritage for future generations

Share my passion for a particular place

Spend more time in nature

Spend time with like-minded people

Use my skills

Other

**Tell us when you are generally available and would like to volunteer *(mark with an ‘X’):***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Mornings** |  |  |  |  |  |  |  |
| **Afternoons** |  |  |  |  |  |  |  |
| **Evenings** |  |  |  |  |  |  |  |

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**Tell us about your skills, experience and any relevant qualifications   
*(eg. Project management, pesticide use, creative skills, chainsaw certificate):***

**Why do you think you would be suitable for this role and why would you enjoy it?**

We want volunteering to be fully inclusive and consider your wellbeing if you start to volunteer with us. Please let us know if you have any access requirements, health conditions or medication you take that we should be aware of.

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**In an emergency, who should we contact?**Name:

Home phone:

Work phone:

Mobile:

**Having an emergency contact that we can contact should an incident occur is important to us for your wellbeing. We will only keep this information should you begin to volunteer with us, otherwise it will be destroyed.**

**Data Protection:** We may from time to time contact you to inform you about other ways in which you can help with our work which we feel may be of interest to you as a supporter of Yorkshire Wildlife Trust. This may include information about our campaigns, fundraising activities, volunteering and events. For further information please see our privacy policy at [**www.ywt.org.uk/privacy-policy**](http://www.ywt.org.uk/privacy-policy)**.** This sets out how and why we collect information, how we use and protect your personal data and what your rights are.

If you are happy for us to keep in touch about our work please let us know how we may contact you. You can contact us at any time to update your contact preferences. Please be aware that opting out from receiving email communications will mean that we will not be able to send you newsletters including the volunteers’ e-newsletter, information about volunteering or other activities about wildlife.

**Post**

Yes No

**Phone**

Yes No

**Email**

Yes No

**Text**

Yes No

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**Communicating with Young volunteers**

As we sometimes send out marketing related content in our mailings, we cannot add under 18’s to our mailing lists. This is to ensure we are following best practice when working with young people. If you are under 18 and would like to receive all our mailings, please provide your parent/guardians email address.

If you are aged under 16 any communication about your volunteering role will be through your parent/guardian’s email.

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**Extra information:**

Are you legally entitled to volunteer in the UK?

Yes No

If you’re from the UK you are free to volunteer. Most EU citizens are also free to volunteer within the UK. If you’re from outside the EU we advise you to contact the UK Borders and Immigration Agency to find out if your visa allows you to volunteer.

Do you have any convictions which are unspent under the Rehabilitation of Offenders Act 1974?

Yes No

Holding an unspent conviction does not automatically exclude you from volunteering with Yorkshire Wildlife Trust. We encourage you to discuss this with us during your application.

**Declaration**

If selected to volunteer with Yorkshire Wildlife Trust (YWT) I will support the aims and values of the organisation. I will abide by all relevant policy and procedure and safeguard its reputation. I have completed this application form fully and accurately.

I understand that if selected to volunteer my details will be held on the YWT database and that this information will be used for purposes related to my volunteering.

I understand that this is a voluntary agreement, not a legally binding contract, and may be cancelled at any time by either party.

Signature

/ /

Date

**Thank you for your application.  
Please return this form to** [**volunteering@ywt.org.uk**](mailto:volunteering@ywt.org.uk)



**EQUAL OPPORTUNITIES MONITORING FORM**

**CONFIDENTIAL**

Yorkshire Wildlife Trust is committed to a policy which seeks to provide equality of opportunity, openness and accessibility for all parts of the community including gender identity, race, ethnic origin, colour, religion, marital status, age, sexual orientation or disability. This section of the application form will enable YWT to monitor the effects of this policy. Completion is voluntary and will not affect your volunteering.

We would be grateful if you could complete this form in addition to your application. This will have no bearing on your selection for the post as this form will be separated from your application before it is considered.

The Trust treats personal data collected during the recruitment process in accordance with its [data protection policy](https://www.xperthr.co.uk/policies-and-documents/data-protection-policy-compliant-with-the-gdpr-/162690/). Information about how your data is used and the basis for processing your data is provided in the Trust’s privacy policy which can be found on our website.

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1. Please state where you heard about this opportunity?

…………………………………………………………………………………….

1. Your ethnic origin (please tick):

|  |  |  |  |
| --- | --- | --- | --- |
| Asian |  | White |  |
| Asian/Asian British |  | British |  |
| Bangladeshi |  | English |  |
| Chinese |  | Gypsy or Irish Traveller |  |
| Indian |  | Irish |  |
| Pakistani |  | Scottish |  |
|  |  | Welsh |  |
|  |  | White other |  |
| Black |  | Mixed |  |
| Black/Black British |  | White and Asian |  |
| African |  | White and Black Caribbean |  |
| Caribbean |  | White and Chinese |  |
| Other ethnic group |  |  |  |
| Arab |  |  |  |
| \*Other (specify below if you wish) |  |  |  |
| Prefer not to say |  |  |  |
|  |  |  |  |

\*Other:

………………………………………………………………………………………………….

1. Gender Identity:

|  |  |
| --- | --- |
| Man (including Trans man) |  |
| Woman (including Trans woman) |  |
| Prefer not to say |  |

1. Age:

|  |  |  |  |
| --- | --- | --- | --- |
| 16-24 |  | 50-54 |  |
| 25-29 |  | 55-59 |  |
| 30-34 |  | 60-64 |  |
| 35-39 |  | 65+ |  |
| 40-44 |  |  |  |
| 45-49 |  |  |  |
| Prefer not to say |  |  |  |

1. Sexual Identity:

|  |  |
| --- | --- |
| Bisexual |  |
| Gay man |  |
| Gay woman/lesbian |  |
| Heterosexual/straight |  |
| Other |  |
| Prefer not to say |  |

1. Your Religion or Belief:

|  |  |  |  |
| --- | --- | --- | --- |
| No religion |  | Jewish |  |
| Buddhist |  | Muslim |  |
| Christian |  | Sikh |  |
| Hindu |  | Other |  |
| Prefer not to say |  |  |  |

1. Disability:

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse affect on their ability to carry out their day-to-day activities

**Do you consider yourself to have a disability?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |
| **If Yes please specify:**  **………………………………………………………………………………………………….** | | |