



A PROJECT OF HARTLEPOOL ART STUDIO LTD.

Volunteer Application Form

Please complete ALL sections of this form and supply us with as accurate information as possible. This will ensure fairness and also preparation for any questions that may be asked during the interview stage. Failure to include any information without reasonable explanation could jeopardise your volunteer opportunity with Artrium. You must be 18+ years of age to volunteer.

Full Name		
Date of Birth		NI. Number (Used for training purposes)
Address		
Post Code		
Contact Number		
E-mail address		
Next of Kin Relationship		
Address		
Contact Number		
Doctors Name		
Address		
Contact Number (For Emergency Purposes Only)		
Role Applied For		
Relevant Qualifications		
Relevant skills and experience		

<p>Tell us what makes you think you are the right person for this role</p>	
<p>Please tell us what you think the roles and responsibilities of a volunteer are</p>	
<p>What do you think makes a good volunteer</p>	
<p>What, if any, experiences do you have of working with people that have mental health issues</p>	
<p>All volunteers MUST complete 2 mandatory training courses. Are you prepared to do this</p>	

Reference Request

We will require 2 references to process an application.

Please note that we cannot accept a family member or partner for personal reference.

PERSONAL	WORK RELATED
Name	Name
Relationship	Relationship
Address	Address
Postcode	Postcode
Tel No	Tel No
Email	Email

Individual Needs & Risk Assessment

In order to volunteer your services at HASL (Artrium Studio, Gallery and other projects) we need to be aware of any risks or behaviour traits so that we can fully support you within your role. Please tick all relevant boxes that apply to you. Disclosing any issue will not exempt you from applying. All information supplied on this form is kept under strict confidentiality.

- Risk of violence/harm to others Risk of Suicide Risk of Self Neglect
- Risk of Adult Abuse Risk of Child Abuse Risk of Sexual Abuse
- Risk of Exploitation Risk of stroke Risk of verbal outburst
- Heart/or other internal issue
- Bi Polar Personality Disorder Eating Issue Psychosis
- Anxiety Depression Stress Epilepsy
- Autism Learning Disability Asperger's Drug Abuse

Is there anything else we need to know so that we are fully prepared to be able to support you? This could be anything such as a nut allergy or any medication that you take on a regular basis.

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How would you currently describe your health needs?

When you are most unwell is the issue	Mild	1	2	3	4	5	Severe
How often are you unwell	Infrequent	1	2	3	4	5	Long-term
How would you describe your health At this moment	Very Good	1	2	3	4	5	Very poor

Do you receive support from any other organisations?

Name or Person..... Organisation

Tel.....

Name or Person..... Organisation

Tel

Equality and Diversity Monitoring Form

Equality and diversity information provided is collated for funding purposes only.
All information is kept in strictest confidence. If you wish to omit certain sections, please feel free to do so.

Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/>
Aged	18 – 25 <input type="checkbox"/> 26 – 45 <input type="checkbox"/> 46 – 65 <input type="checkbox"/> 65+ <input type="checkbox"/>
Race	Asian <input type="checkbox"/> Black <input type="checkbox"/> Mixed Race <input type="checkbox"/> White <input type="checkbox"/>
Ethnicity	African <input type="checkbox"/> Bangladeshi <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Irish <input type="checkbox"/> Pakistani <input type="checkbox"/> Other <input type="checkbox"/>
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> Single Parent <input type="checkbox"/> Civil Partnership <input type="checkbox"/>
Sexuality	Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transsexual <input type="checkbox"/>
Employment Status	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Other <input type="checkbox"/> Are you registered disabled YES <input type="checkbox"/> NO <input type="checkbox"/>

Availability	<p>If you are currently employed, can you commit to days? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Days Studio M T W T F (please circle)</p> <p>Days Gallery M T W T F S (please circle)</p>
Comments	

Did you complete this application yourself? Y N

Signed Date