

**The  
Dream  
Factory**



Charity Number: 1123662

THE DREAM FACTORY

South Eastern House

62-70 Fowler Road, Hainault, Essex  
IG6 3UT

T 020 8501 1234

**VOLUNTEER APPLICATION FORM  
(Please complete all parts of this form)**

Volunteer role applied for (if known)

.....

Name: .....

Full Address:

.....

.....

Telephone Number:

Day .....

Evening.....

Mobile.....

Email.....

Next of Kin: (In the event of illness or accident)

Name: .....

Address: .....

.....

Relationship: .....

Day Tel: .....

Evening Tel: .....

Mobile: .....

What has attracted you to the idea of volunteering with The Dream Factory?

.....  
.....

Where did you hear about The Dream Factory?

.....

Do you have any skills/experience that you would particularly like to use at The Dream Factory?

.....

Are there any skills/interests that you would particularly like to develop with The Dream Factory?

.....

Present Occupation /Volunteer experience:

.....  
.....  
.....

At what times are you available for volunteering? Any amount of time you give is valuable to us – we would welcome the opportunity to discuss and tailor your volunteering in person.

.....  
.....

**Do you drive and do you have a car available for volunteering purposes?  
YES/NO**

**Do you have a medical condition or history that we need to be aware of?  
YES/NO**

If yes please specify:

.....

**REFEREES:**

Please nominate two referees who are not related.

1. Name:  
Address:  
Tel:  
Email:

2. Name:  
Address:  
Tel:  
Email:

Do you have any criminal convictions? YES/NO

If you are not a member of the European Community, do you require a work permit  
YES/NO

For monitoring purposes, please complete the attached Equal Opportunities form and  
return to us.

In accordance with the Data Protection Act 1998, I agree that The Dream Factory may  
hold and use personal information about me for volunteering reasons and to keep in  
touch with me. This information, including that contained in this application can be  
stored on both manual and computer files.

I confirm that the information on this form is correct. I understand that some of the  
tasks involved in my role with The Dream Factory may be of a sensitive nature and I  
agree to maintain confidentiality at all times.

Signed:.....

Dated: .....

## Equal Opportunities Monitoring form

Our volunteer recruitment processes are carried out in a way that ensures that individuals are selected purely on the basis of their ability to do the role for which they have applied. We are committed to ensuring that all our volunteers are treated equally, without discrimination on the grounds of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. The sole criteria for selection is the suitability of the applicant. This form is intended to help us maintain equal opportunities best practice and the information on this form will be used for monitoring purposes only and will not be used in any decision affecting you.

**You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence.**

### GENDER

WHAT IS YOUR GENDER (PLEASE TICK)?

- Male
- Female
- Prefer not to say

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

### ETHNIC GROUP

How would you describe your nationality and/or ethnicity (please tick)?

- | <b>A</b>                             |                          | <b>B</b>                         |                          | <b>C</b>                       |                          |
|--------------------------------------|--------------------------|----------------------------------|--------------------------|--------------------------------|--------------------------|
| <b>White:</b>                        |                          | <b>Mixed race:</b>               |                          | <b>Asian or Asian British:</b> |                          |
| British - English, Scottish or Welsh | <input type="checkbox"/> | White and Black Caribbean        | <input type="checkbox"/> | Indian                         | <input type="checkbox"/> |
| Irish                                | <input type="checkbox"/> | White and Black African          | <input type="checkbox"/> | Pakistani                      | <input type="checkbox"/> |
| Other White background               | <input type="checkbox"/> | White and Asian                  | <input type="checkbox"/> | Bangladeshi                    | <input type="checkbox"/> |
|                                      |                          | Other Mixed background           | <input type="checkbox"/> | Other Asian background         | <input type="checkbox"/> |
| <b>D</b>                             |                          | <b>E</b>                         |                          |                                |                          |
| <b>Black or Black British:</b>       |                          | <b>Chinese and other groups:</b> |                          |                                |                          |
| Caribbean                            | <input type="checkbox"/> | Chinese                          | <input type="checkbox"/> | Prefer not to say              | <input type="checkbox"/> |
| African                              | <input type="checkbox"/> | Other ethnic group               | <input type="checkbox"/> |                                |                          |
| Other Black background               | <input type="checkbox"/> |                                  |                          |                                |                          |

**AGE**

What is your age (please tick)?

- |       |                          |       |                          |       |                          |       |                          |                   |                          |
|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------------------|--------------------------|
| 16–17 | <input type="checkbox"/> | 18–21 | <input type="checkbox"/> | 22–30 | <input type="checkbox"/> | 31–40 | <input type="checkbox"/> | 41–50             | <input type="checkbox"/> |
| 51–60 | <input type="checkbox"/> | 61–65 | <input type="checkbox"/> | 66–70 | <input type="checkbox"/> | 71+   | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

**SEXUAL ORIENTATION**

How would you describe your sexual orientation (please tick)?

- |                         |                          |                     |                          |                   |                          |
|-------------------------|--------------------------|---------------------|--------------------------|-------------------|--------------------------|
| Heterosexual / straight | <input type="checkbox"/> | Bisexual            | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Gay man                 | <input type="checkbox"/> | Gay woman / lesbian | <input type="checkbox"/> |                   |                          |

**RELIGION OR BELIEF**

Please describe your religion or other strongly-held belief.

- I would describe my religion or belief as:
- |   |                          |
|---|--------------------------|
| I have no particular religion or belief | <input type="checkbox"/> |
| Prefer not to say                       | <input type="checkbox"/> |

**DISABILITY**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

- |  |                          |            |                          |
|--|--------------------------|------------|--------------------------|
| Yes  | <input type="checkbox"/> | No         | <input type="checkbox"/> |
| Used to have a disability but have now recovered | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |
| Prefer not to say                                | <input type="checkbox"/> |            |                          |