



THE DREAM FACTORY
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W www.yourdreamfactory.org

VOLUNTEER APPLICATION FORM

(Please complete all parts of this form)

Volunteer role applied for (if known)

Name:

Full Address:

.....

.....

Tel: 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: | 2. Name: |
| Address: | Address: |
| Tel: | Tel: |
| Email: | 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

GENERAL DATA PROTECTION REGULATION

We promise never to pass on your details to another organisation for marketing purposes. We will store your data confidentially and securely. Our privacy policy covers in more detail how we store and protect data. Everything you tell us will be treated confidentially.

Please complete the following :-

I agree to The Dream Factory storing information about me	YES / NO
Please tell us how you wish to be contacted.	E-mail / text / mobile / home telephone
Can we leave a message?	YES / NO

You can change your preferences on what you receive from us, including marketing and fundraising materials, or how we contact you, by mail, phone or email, at any time.

You have the right to ask us to erase your personal data, to ask us to restrict our processing or to object to our processing of your personal data. You can do so at any time by writing to us.

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:



PUBLICITY CONSENT FORM

VOLUNTEER CONSENT TO PHOTOGRAPH, FILM AND/OR INTERVIEW

If, as a Dream Factory volunteer, you are asked to have photographs and/or films/interviews taken in the course of your Dream Factory duties, please can you sign the consent form below to confirm your agreement to this. Please contact us if you have any further concerns or questions.

Please tick boxes below to confirm that you are happy for you to be photographed/filmed/interviewed and for these to be used for the following purposes, or if you prefer to have no publicity :

1.	Sponsorship purposes only	To be used in the work environment to assist in gaining funds from potential sponsors	YES / NO
2.	The Dream Factory website	www.yourdreamfactory.org	YES / NO
3.	Publicity Purposes	Fundraising material/leaflets/newsletters/external publications. The Dream Factory Facebook and Twitter.	YES / NO
4.	No Publicity	None of the above	YES / NO

Name of volunteer _____

Signature: _____ Date: _____

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)?

A

White:

British - English,
Scottish or Welsh

Irish

Other White
background

B

Mixed race:

White and Black
Caribbean

White and Black
African

White and Asian

Other Mixed
background

C

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Other Asian
background

D

Black or Black British:

Caribbean

African

Other Black
background

E

**Chinese and other
groups:**

Chinese

Other ethnic group

Prefer not to say

AGE

What is your age (please tick)?

16-17

18-21

22-30

31-40

41-50

51-60

61-65

66-70

71+

Prefer not to

say

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
- Prefer not to say

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"/> | | |