|  |  |
| --- | --- |
|  | **Bath City Farm Ltd**  Kelston View  Whiteway  Bath  BA2 1NW  Tel: 01225 481269  [info@bathcityfarm.org.uk](mailto:kilda@bathcityfarm.org.uk) |

**VOLUNTEER APPLICATION FORM**  
Thank you for your interest in volunteering for Bath City Farm. Please fill in this form and return it to the farm address above.

## **Name of project you are applying for**……………………………………………………………………

## **PERSONAL DETAILS**

**NAME** ………………………………………………………………………………………………………...

**ADDRESS** ……………………………………………………………………………………………………

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

………………………………………**POSTCODE** …………………………………………………….……

**TELEPHONE No** …………………………………………………………………………….………………

**DATE OF BIRTH** ………………………………………………………………………………….………...

**E.MAIL ADDRESS**…………………………………………………………………………………………..

**VOLUNTEER SUPPORT** - answering these questions will help us offer you the appropriate support when volunteering. Do you consider yourself to have:

a disability (please tick) Yes No   
If yes please give details: ……………………………………………………………………………………

mental health difficulties Yes No   
If yes please give details: ……………………………………………………………………………………

a learning difficulty Yes No   
If yes please give details: ……………………………………………………………………………………

MEDICAL INFORMATION – please give details of any medical condition or medication that we should know about (eg Allergies, Diabetes etc.)

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

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

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

**YOUR HEALTH SUPPORT**

Name and address of your Support Worker (if applicable) : ………………………………………….……………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………….….

Name and address of GP: …………………………………………………………………………………..

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

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

**Bath City Farm will only use this information to check your support needs in relation to this project by contacting your health support professional (if applicable)**

**Up to Date Tetanus inoculation** **YES**  **NO   
  
Details of someone we can contact in an emergency**

Name: …………………………………………………………………………………......…………..………

Telephone No. …………………………………………………………………………...…..……………….

Relationship to Volunteer ……………………………………………..………………………...…………..

##### ADDITIONAL INFORMATION

#### Do you have any previous experience or special skills that might be relevant to volunteering at Bath City Farm: ……………………………………………………………………………………..………..

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

…………………………………………………………………………………………………………………

#### What do you hope to gain from volunteering at Bath City Farm (eg learn new skills, improve health & wellbeing, meet new people, etc )

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

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**Where did you find out about volunteering for Bath City Farm?**

|  |  |  |
| --- | --- | --- |
|  | Please tick | Organisation/Surgery |
| From your support worker/CPN/Social Worker |  |  |
| From your housing officer |  |  |
| From your GP |  |  |
| Bath City Farm website |  |  |
| Other – please specify: |  |  |

**REFERENCES**

We need to write to two different people who have known you for at least 2 years and can tell us whether they think you would be a suitable volunteer. We ask for references for all volunteers at the farm as part of our safeguarding policy. Here is a list of people you could ask:

**= Employer** **= Religious Leader** **= Volunteer Co-ordinator**   
**= Landlord/Housing Officer** **= Teacher/Lecturer/Tutor**  **= Accountant/Lawyer**   
**= Social/Community Worker** **= Doctor/Health Worker** **= Job Coach**

**Please give us details of two people who could provide a reference.**

|  |  |
| --- | --- |
| **Name:** …………………………..........  **Address:** ……………………………..  ………………………………………….  …………………………………………..  …………………………………………..  **Phone No:** ……………………………  **Email:** ……………………………….  **How do you know this person?**  **How long for?** | **Name:** …………………………..........  **Address:** ……………………………..  ……………………………………….  ………………………………………..  ………………………………………..  **Phone No:** …………………………… **Email:** ………………………………...  **How do you know this person?**  **How long for?** |

**CRIMINAL RECORDS** (Rehabilitation of Offenders Act 1974)

We also need to ask you about any unspent convictions as part of our duty of care. A criminal conviction will not necessarily prevent you from becoming a volunteer; the decision will depend on the type of offence and its relevance to the volunteering role. Some roles will also require full criminal record checks.

If you do have any unspent convictions please include details in a sealed envelope. If you would like to discuss any convictions you may have, please contact the person named in the covering letter. All information will be dealt with according to Bath City Farm’s Confidentiality Policy.

**DECLARATION: I declare all of the above information is correct**  
  
**Signature: ……………………………………….………… Date: …………………….**

**PHOTOGRAPHIC CONSENT**

We like to take photos during our volunteer sessions. You do not have to agree to have your photo taken – but if you are happy to have your photo taken and used, please read and sign below. I give my permission to use any photos of me taken at the farm to promote the farm’s work, on Facebook, the website, and in the press etc.

* Photographs of me may be included in displays, leaflets, newsletters (including newspaper articles)   
  and funding reports about the work of Bath City Farm
* My full name will not be published
* If you agree to the photo(s) being used on our website please tick this box

**I GIVE CONSENT FOR PHOTOGRAPHS OF ME TO BE USED TO PUBLICISE AND PROMOTE THE WORK OF BATH CITY FARM**

**SIGNED: ……………………………… DATE: ……………………………….**

**Equal Opportunities Information**

This section is optional and anonymous (it is separated from your application and is not kept on your personal file). This information helps us to better understand who the project is reaching and how we can better reach people who come from different backgrounds.

|  |  |  |
| --- | --- | --- |
| **2.Gender?** |  | **Tick which applies** |
|  | Agendered |  |
| Female |  |
| Intersex |  |
| Male |  |
| Non-binary |  |
| Other |  |
| Prefer not to say |  |
| **3.Do you identify as transgender?** |  |  |
|  | Yes |  |
| No |  |
| Prefer not to say |  |
| **4.Please identify which age group you belong to:** |  |  |
|  | 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |
| Prefer not to say |  |
| **5.What is your sexual orientation?** |  |  |
|  | Asexual |  |
| Bisexual |  |
| Gay |  |
| Heterosexual |  |
| Lesbian |  |
| Pansexual |  |
| Queer |  |
| Prefer not to say |  |
| **6.Do you consider yourself to have a disability?** |  |  |
|  | Yes |  |
|  | No |  |
|  | Prefer not to say |  |
| **7.What is your religion or belief?** |  |  |
|  | Agnostic |  |
| Atheist |  |
| Baha’i |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Humanist |  |
| Jain |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Spiritual but don't conform to a specific religion |  |
| Other: |  |
| Prefer not to say |  |
| **8.Do you have caring responsibilities? If yes, please tick all that apply:** |  |  |
|  | None |  |
| Primary carer of a child/children (under 18) |  |
| Primary carer of disabled adult (18 and over) |  |
| Primary carer of older person |  |
| Secondary carer (another person carries out the main caring role) |  |
| Prefer not to say |  |
| **9.What is your ethnicity?** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box |  |  |
|  | Asian/Asian British: Bangladeshi |  |
|  | Asian/Asian British: Chinese |  |
|  | Asian/Asian British: Indian |  |
|  | Asian/Asian British: Pakistani |  |
|  | Asian/Asian British: Other (please state below) |  |
|  | Black/Black British: African |  |
|  | Black/Black British: Carribean |  |
|  | Black/Black British: Other (please state below) |  |
|  | White: British |  |
|  | White: English |  |
|  | White: Irish |  |
|  | White: Scottish |  |
|  | White: Welsh |  |
|  | White: Other (please state below) |  |
|  | Mixed: White and Black Caribbean |  |
|  | Mixed: White and Black African |  |
|  | Mixed: White and Asian |  |
|  | Mixed: Other (please state below) |  |
|  | Other: Arab |  |
|  | Other: Kurdish |  |
|  | Other: Gypsy or Irish traveller |  |
|  | Other: Latino |  |
|  | Other: Roma |  |
|  | Other: Not listed here, (please state below) |  |
|  | Prefer not to say |  |
| **10.What class, if any, do you identify with?** |  |  |
|  | Upper Class |  |
|  | Upper Middle Class |  |
|  | Middle Class |  |
|  | Lower Middle Class |  |
|  | Working Class |  |
|  | Prefer not to say |  |