



Forest of Mercia Volunteers

Information Form

Please complete in block capitals

First name:	Family name:
Gender: male/female	
Address:	
Post code:	
Daytime phone:	Evening phone
Mobile phone:	
E mail:	
Emergency contact:	
Relationship:	
Daytime phone	Evening phone
Do you have access to a car?	

Availability: When are you available to volunteer? (please tick)

	Mon	Tues	Wed	Thur	Frid	Sat	Sun
morning							
afternoon							
evening							
When can you start?							

Area of service: for which area of the Forest of Mercia service are you interested in volunteering? (please tick)

Project Management	Forestry Team/ Physical work	Admin	Community Work	Marketing & PR	Fund raising

Locality: Are you happy to work from different sites in the FOM area?

--

PTO

Relevant experience: please tell us about any experience, skills and qualifications that you have which may be relevant

--

Referees: please give the names of 2 people, not related to you, whom we can contact for a reference

Name:	Address:
Name:	Address:

Support: The Forest of Mercia strives to provide equal access to volunteering opportunities by ensuring disability or special needs are met or supported but some areas are not fully accessible. Are there any details you would like us to be aware of?

--

CRB Disclosure checks: The Forest of Mercia does not exclude anyone from volunteering but for some areas e.g. working with children and vulnerable people, you may be asked to complete a Criminal Records Bureau disclosure form. This will be checked with the CRB and may legally restrict the type of volunteering you can undertake.

Thanks you for your interest and for taking the time to complete this form. You will be contacted shortly to arrange a convenient time and place for an informal interview.

Signature:	Date:
------------	-------

FOM Volunteers Equal Opportunities Monitoring Form

The forest of Mercia is committed to equal opportunities and welcomes all applicants. To help us, please answer these questions by putting a tick in the appropriate box. This information will only be used for monitoring purposes and it will be treated as strictly confidential. It will be separated from your application form on receipt.

Name:

1. What is your sex? <input type="checkbox"/> Female <input type="checkbox"/> Male	2. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

3. How old are you? <input type="checkbox"/> Under 16 <input type="checkbox"/> 16-24 <input type="checkbox"/> 25-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 60 and over
---	--

4. What is your ethnic group? Chose ONE section, then tick the appropriate box to indicate your cultural background

White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (please specify)	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (please specify)
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (please specify)	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background (please specify)
Chinese or other ethnic group <input type="checkbox"/> Chinese	<input type="checkbox"/> Any other (please specify)