



APPLICATION FORM

ADVOCACY/BEFRIENDING/HELPLINE VOLUNTEER

SECTION 1

Name:

Address:
.....
.....

Tel No:

Email Address:

Date of Birth:

SECTION 2

Why do you want to Volunteer at MOSAC ?

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SECTION 3

What skills do you feel you can bring to the role you are applying for at MOSAC?

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SECTION 4

Have you ever been cautioned or convicted for an offence ? YES / NO

If YES, please give details :

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

All information given on this form is confidential but may be discussed at your interview.
A CRB application will be carried out after interview

SECTION 5

Are you willing to attend monthly supervision / training sessions ? YES / NO

To work as an Mosac Volunteer **may** require a flexible timetable.

When would you be available to volunteer for Mosac ?

Please state days and times that would suit you best.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT/SUN
AM						
PM						

Please state how much time you have available, e.g. 4 hours per week.

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SECTION 6

Please tell us more about yourself.

Give details of any relevant experience, skills, abilities and any information which you think will be useful in volunteering at MOSAC. Include details of any previous voluntary experience. You may also include spare time activities/interests.

Please make your responses relate to the Job Role and Person Specification .

SECTION 7

Please give the names and addresses of two referees. These should be people who are able to support your application, and know you well but not relatives.

(references will be taken up following interview)

1.
.....
..... Relationship to you:.....
2.
.....
..... Relationship to you:.....

DECLARATION

I declare that I have read the person specification and believe that the particulars set out in this application form are, to the best of my knowledge, true and correct.

Signed :

Dated:

PLEASE SEND THE COMPLETED APPLICATION FORM TO :

Niki Fayase
MOSAC
C/o West Greenwich Community & Arts Centre
141 Greenwich High Road
London SE10 8JA

Or email info@mosac.org.uk

Mosac Equal Opportunities Monitoring Form

Mosac would appreciate it if you could fill in this form. This information will be used to help us find out if we are reaching those we intended to. It will really help our work and future funding/service.

1. Ethnic Background:

Asian or Asian British:

Bangladeshi Indian Pakistani Sri Lankan Any other Asian background
(please define).....

Black or Black British:

African Caribbean Any other Black background (please define).....

Mixed:

White & Asian White & Black African White & Black Caribbean
Any other Mixed background (please define).....

Other Ethnic Groups:

Chinese Chinese British Any other ethnic group (please define).....

White:

British European Irish
Other White background (please define).....

OR, Prefer not to say

2. Gender:

Female Male OR, Prefer not to say

3. Disability:

Do you consider yourself to have any disabilities? No Yes OR, Prefer not to say

4. Sexuality

Heterosexual Bisexual Lesbian/Gay Prefer not to disclose

5. Age Range:

<18 18-25 26-35 36-45 46-55 56-65 66 +

OR, Prefer not to say

6. All Language(s) spoken: **Preferred spoken language:**

7. Religion: **No religious beliefs**

8. How did you hear about the helpline service?