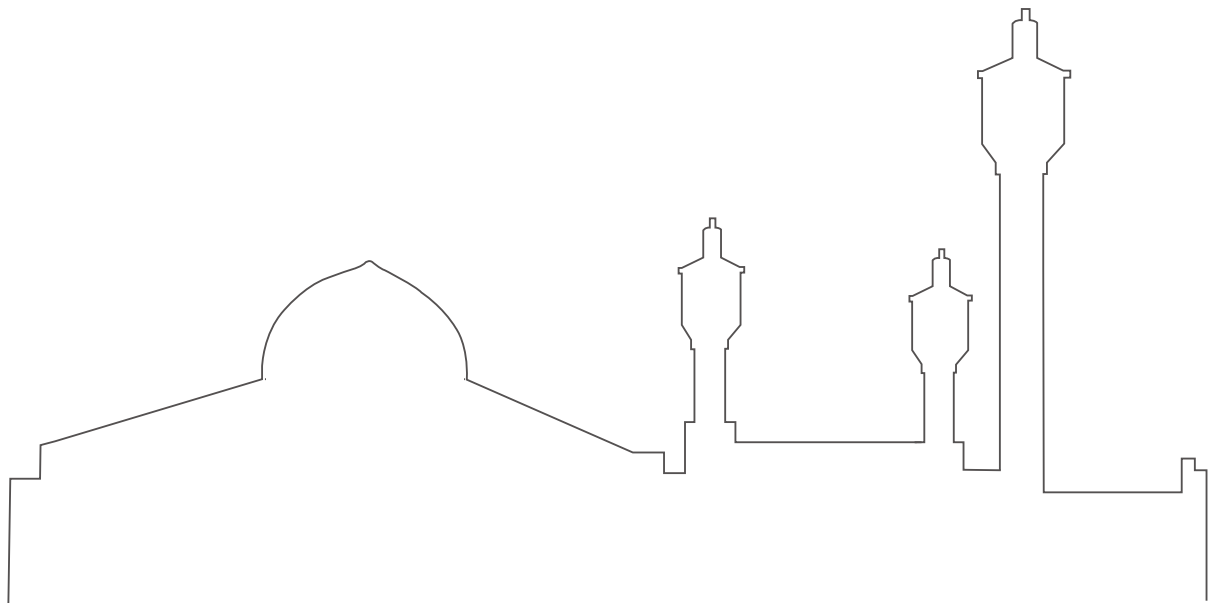




# PHASE 2 DEVELOPMENT

## VOLUNTEER FUNDRAISER Application Form



# VOLUNTEER FUNDRAISER Application Form



| 1. Applicant details                    |                       |                   |
|---|-----------------------|-------------------|
| <b>Title:</b> Dr / Mr / Mrs / Miss / Ms | <b>Date of Birth:</b> | <b>Age:</b>       |
| <b>Name:</b>                            |                       |                   |
| <b>Address:</b>                         |                       |                   |
|   |                       | <b>Post Code:</b> |
| <b>Home Telephone:</b>                  | <b>Mobile:</b>        |                   |
| <b>Email address:</b>                   |                       |                   |
| <b>Your profession:</b>                 |                       |                   |

| 2. Emergency contact details |                |
|------------------------------|----------------|
| <b>Name:</b>                 |                |
| <b>Address:</b>              |                |
| <b>Post Code:</b>            |                |
| <b>Relationship:</b>         |                |
| <b>Home Telephone:</b>       | <b>Mobile:</b> |

| 3. Languages,<br><i>in order to better organise our volunteers, please indicate what languages you know</i> | English                | <input type="checkbox"/>       |
|---|------------------------|--------------------------------|
|   | Bengali                | <input type="checkbox"/>       |
|   | Arabic                 | <input type="checkbox"/>       |
|   | Somali                 | <input type="checkbox"/>       |
|   | Other, please specify: | <input type="checkbox"/> _____ |

| 4. Availability, please indicate day(s) suitable for volunteering |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Day   | Morning                  | Afternoon                | Evening                  |
| Monday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. Skills, what skills can you offer as a Volunteer Fundraiser:**

|                      |                          |                                       |                          |
|----------------------|--------------------------|---------------------------------------|--------------------------|
| Admin Work           | <input type="checkbox"/> | Ramadan/<br>Eid Volunteering          | <input type="checkbox"/> |
| Collecting Donations | <input type="checkbox"/> | Stewarding during<br>Ramadan/Eid days | <input type="checkbox"/> |
| Friday Volunteering  | <input type="checkbox"/> | Mosque related<br>Program/Event       | <input type="checkbox"/> |
| Leaflet Distribution | <input type="checkbox"/> | Other, <i>Please Specify:</i>         |                          |

**7. Why do you wish to be a Volunteer Fundraiser for East London Mosque and what do you hope to get from the experience?**

**9. References:**

Please give name and address of two people, other than your family, who can tell us about you for example, an employer, teacher or someone who knows you well.

|                                |                                |
|--------------------------------|--------------------------------|
| <b>Name:</b> _____             | <b>Name:</b> _____             |
| <b>Address:</b> _____<br>_____ | <b>Address:</b> _____<br>_____ |
| <b>Postcode:</b> _____         | <b>Postcode:</b> _____         |
| <b>Tel No:</b> _____           | <b>Tel No:</b> _____           |

**10. Declaration and Signature:**

The information supplied in this application form is accurate to the best of my knowledge.

Signed: ..... Date: .....

Thank you for your time in completing this form, we will shortly write to you.

**Please return this form to:**  
Fundraising Officer, East London Mosque & London Muslim Centre 46-92  
Whitechapel Road London E1 1JQ

## Monitoring information

The ELM-LMC aims to provide equal opportunities and fair treatment for all people applying to be volunteers regardless of race, sex, disability, sexual identity or marital status.

As part of the policy of reaching out to excluded communities and groups, the service is committed to ensuring that bureau staff and volunteers reflect the community that we serve.

In order to achieve these aims we have a policy of monitoring the composition of bureau staff and volunteers. As part of this monitoring process we ask for your cooperation in completing the questions in this section. We wish to give you the following assurances:

- The information provided will not form the basis of any part of selection.
- All information in the application form will be regarded as confidential.
- This monitoring information will only be used for statistics.
- **If you choose not to complete this section, this will not affect your application.**

**Please tick as appropriate:**

**Age**             <25     25-34     35-44     45-54     55-64     65+

**Gender**                     Male                     Female

**Would you describe yourself as disabled?**                     Yes                     No

**Please indicate your ethnic group by ticking one box:**

**White**

- British
- Irish
- Other White: \_\_\_\_\_
- Other Mixed: \_\_\_\_\_

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Other Asian: \_\_\_\_\_

**Black or Black British**

- Black Caribbean
- Black African
- Other Black: \_\_\_\_\_

**Chinese or other Ethnic Group**

- Chinese
- Other Ethnic Group: \_\_\_\_\_

### Data Protection Act 1998

As part of the recruitment procedure we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for up to a year after the date on which it is submitted. Any information of this nature will be treated confidentially.

Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.

I declare the information given on this form is correct to the best of my knowledge and acknowledge that by signing this form I have given my consent to sensitive personal information being recorded and stored.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use ONLY

2 Proof of identity received

Volunteer Accepted

Volunteer Rejected

Date Checked:

Authorized by: