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**Volunteer Application Form**

1. A bit about you:

|  |  |
| --- | --- |
| First name   |   |
| Last name   |   |
| Preferred Pronouns |  |
| Address Line 1   |   |
| Address Line 2   |   |
| Town/ city   |   |
| Post code   |   |
| Phone number   |   |
| Email address   |   |

1. Please confirm that you are over 18 years old by filling in your date of birth:

dd / mm / yyyy

1. Do you have any medical conditions and/ or access requirements

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please give more details here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please tick all Big Splash sessions that you would be available to work.

|  |  |
| --- | --- |
|  | Saturday 20 July, 10am – 2pm  |
|  | Saturday 20 July, 2pm - 6pm  |
|  | Sunday 21 July, 10am – 2pm  |
|  | Sunday 21 July, 2pm - 6pm  |

1. Please tick all languages in which you can communicate confidently, and which you would be willing to use with members of the public during Big Splash.

|  |  |  |  |
| --- | --- | --- | --- |
|  | English |  | Welsh |
|  | British Sign Language |  | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Do you have any other relevant skills that you would like to make us aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you hold an updated DBS?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Do you hold any relevant accreditations that feed into the event? E.g First Aid’

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. All volunteers will be given a t-shirt to wear over the Big Splash weekend. Please specify your preferred size.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Small |  | Medium |  | Large |  | X-Large |  | XX-Large |  |

1. Please leave your emergency contact details.

|  |  |
| --- | --- |
| First name   |    |
| Last name  |    |
| Relationship to you (eg. mother, husband)   |   |
| Home phone number   |   |
| Mobile phone number   |   |

**Please return this form by email at The Riverfront Box Office by 18 June to riverfront.boxoffice@newportlive.co.uk**

**Equal opportunities monitoring form**

We are committed to having a workforce that promotes equality and celebrates diversity. To help us monitor and achieve this, we gather and use information about job and volunteer applicants and our workforce to continually improve our policies and to remove barriers to and within employment. The information you give is confidentially managed and does not affect your application.

It will help us if you provide as much information as possible, but if you do not wish to answer any questions, please leave them blank.

What age group are you (years)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Up to 20 |  | 36-40 |  | 56-60 |  |
| 20-25 |  | 41-45 |  | 61-65 |  |
| 26-30 |  | 46-50 |  | 66 + |  |
| 31-35 |  | 51-55 |  |  |  |

What gender do you identify as?

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |
| Non-Binary |  | Other preferred description  |  |

How do you describe your religion or belief (if any)?

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhism |  | Judaism |  |
| Christianity |  | Sikhism |  |
| Hinduism |  | Other (please specify): |  |
| Islam |  |  |  |

Do you consider yourself to have a disability?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

How do you describe your ethnic origin?
Please select the ethnic group that you feel most closely reflects your background.

White

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| British |  | English |  | Scottish |  |
| Welsh |  | Irish |  | Other white background (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Mixed

|  |  |  |  |
| --- | --- | --- | --- |
| White & Asian |  | White & Black Caribbean |  |
| White & Black African |  | Other mixed background (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Black or Black British

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| African |  | Caribbean |  | Other black background (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Asian

|  |  |  |  |
| --- | --- | --- | --- |
| Bangladeshi |  | Pakistani |  |
| Indian |  | Other Asian background (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Chinese and Other ethnic group

|  |  |  |  |
| --- | --- | --- | --- |
| Chinese |  | Gypsy, Roma, traveller  |  |
|  |  | Other ethnic background (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |