**Roma Support Group: Volunteer Application**

**Please return to:** *volunteering@romasupportgroup.org.uk*

|  |  |
| --- | --- |
| Which role are you applying for:  |  |
| Name: |  |
| Address: |  |
| Phone/mobile number: |  |
| E-mail address: |  |
| Nationality: |  |
| Languages spoken: |  |
| Occupation: |  |

When would you like to volunteer:

* Weekly (please specify what day/s and hours):
* Monthly (please specify what day/s and hours):
* Other (please specify):

How long would you like to volunteer for?

**Please tell us a little more about you and what skills and qualities you feel make you suitable for this volunteer role:** *please refer to the volunteer role description, in particular the skills and experience required for the role.*

Why did you choose to volunteer for RSG?

What is your knowledge of Roma and their culture (200 words max)?

How did you find out about this opportunity?

**Date:**

**Signature:**

**Volunteer Equal Opportunities Form**

Please fill or tick as appropriate.

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Gender** | Female |  |
| Male |  |
| **Age/ Date of Birth** |  |

|  |
| --- |
| **Ethnicity** |
| Roma |  |
| White – British |  |
| White – East European |  |
| White - Any other white background Please describe:  |  |
| Black- African |  |
| Black - Caribbean |  |
| Black otherPlease describe:  |  |
| Asian - Pakistani |  |
| Asian - Bangladeshi |  |
| Asian – Other Asian backgroundPlease describe:  |  |
| Chinese |  |
| Other ethnic group Please describe:  |  |
| Do not wish to disclose |  |

|  |  |  |
| --- | --- | --- |
| **Do you have disability?**  | YesPlease describe |  |
| No |  |
| Do not wish to disclose |  |

In the interest of the *RSG* Equal Opportunities Policy RSG staff and volunteers are asked to complete this questionnaire. This information will be kept strictly confidential and will be used for the purpose of equal opportunities monitoring only.