Royal Cambrian Academy | Volunteer Application

Please complete all sections and return to admin@rcaconwy.org or post to:

Gallery Administrator

RCA, Crown Lane, Conwy

LL32 8NA

Thank you for your interest in the RCA. To complete the application form please use black ink or type in spaces provided.

|  |  |
| --- | --- |
| Name: |  |
| Address:  |  |
| Postcode: |  |
| Contact number(s): |  |
| Date: |  |
| Email: |  |
| Are you 16 -18 years old?  | We may have some opportunities particularly designed for young people. Date of Birth: |

Emergency Contact Details

Please provide details of someone to contact in the unlikely event of an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Home Tel: |  |
| Relationship to you: |  | Mobile Tel: |  |

How did you hear about volunteering with RCA?

What interests you in volunteering and have you volunteered before?

Which area(s) you are interested in volunteering

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Front of house** |  |  | **Administration** |  |
| **Learning for adults** |  |  | **Learning for children** |  |
| **Family activities** |  |  | **Community activities** |  |
| **Events** |  |  | **Marketing** |  |
| **Exhibitions, inc prep.** |  |  | **Housekeeping** |  |
| **Website** |  |  | **Fundraising** |  |

**How do you prefer to work?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Practical/hands on |  |  | **Flexible/ I don’t mind** |  |
| **Computer based** |  |  | **Non-computer** |  |
| **Public facing** |  |  | **Back office** |  |
| **In a team** |  |  | **Lone working** |  |

**Skills, Experience and Hobbies**

Please tell us a little bit about your skills, experience and hobbies.

**Educational Background**

|  |
| --- |
| Starting with the most recent, please give details of your education and training.Please continue on a separate sheet if necessary. |
| Please give details of any vocational or non-vocational training you have received |

**Please let us know your availability…**

e.g. Full time, part time, one off project, only evenings, mornings, etc

Explain as fully as you like here.

|  |
| --- |
|  |

The gallery is not open to the public on Sundays or Mondays.

Normal hours of opening are 11am – 5pm Tuesday to Saturday. We occasionally host private views or events in the evenings, usually from 6 – 9pm.

Please indicate your availability to volunteer by highlighting the days below.

**Day Tue Wed Thu Fri Sat**

**Eve Tue Wed Thu Fri Sat**

Additional Information

|  |
| --- |
| Access and support requirements: Let us know if you require additional support to help your volunteeringDo you consider yourself to be a disabled person? **Yes [ ]  No [ ]** Are there any particular adaptations or access arrangements, which would assist you? |
| Are there any health issues we should be aware of? |
|  Do you have any of the following:  CRB Check [ ]  First Aid [ ]  Driving License [ ]  Own vehicle [ ]    |
| Have you had any criminal convictions? **Yes** [ ]  **No** [ ] (Subject to the terms of the Rehabilitation of Offenders Act 1974, under which you do not have to declare spent convictions. Criminal records will be taken into account only when the conviction is relevant. Declaring a conviction will not prevent you from being considered for a post.)If you have selected ‘yes’ above, please declare convictions in an envelope marked “Private and Confidential”.  |

The RCA takes pride in its volunteer programme; please provide two character references below (not family members):

Please return your completed application form by email to admin@rcaconwy.org

###### If you are unable to email your form post it to the address above:

I confirm that the information I have given in this volunteering application is correct and complete. I understand that false or misleading information or failure to disclose a conviction as defined above, will nullify any subsequent agreement. I also understand that the information may be entered onto a computer and under the terms and conditions of the Data Protection Act will be treated in a secure and confidential manner.

Signature: ……………………................................. Date: …………………..

Equalities Monitoring

The RCA is working to ensure that its workforce, including volunteers, reflects the diverse population. We can only judge our success in this area if we have full information regarding the gender, ethnicity and disability of all prospective volunteers.

The information will be kept confidential and used only for monitoring purposes. This monitoring form will be separated from your application form and will be placed into our confidential monitoring database.

Please indicate your answers by highlighting your answer.

1. How would you describe your ethnic origin?

### White

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy (including English, Scottish and Roma Gypsy) or Irish Traveller

Eastern European

Any other White background (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Mixed/Multiple ethnic groups

White and Black Caribbean

White and Black African (non Somali)

White and Asian

Any other Mixed/Multiple ethnic background (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Asian/Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Black/African/Caribbean/Black British

African (non Somali)

Somali

Caribbean

Any other Black/African/Caribbean background (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Other ethnic groups

Arab

Iranian

Iraqi

Kurdish

Turkish

Any other ethnic group (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say

1. What is your gender?

Female Male Prefer not to say

3. Are you transgender?

(Is your gender identity different from the gender you were assigned at birth)

Yes No Prefer not to say

4. What is your age group?

15 or under 16 – 25 26 – 35 36 – 49 50 – 64

65 – 74 75 and over Prefer not to say

5. Do you consider yourself to be a disabled person?

The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.”

Yes No Prefer not to say

5b. It helps us to know whether we are reaching all disabled people, please can you tick the relevant impairment (disability) group below and you are welcome to tick more than one box if appropriate.

Physical impairment Visual impairment

Hearing impairment Deaf BSL user

Learning difficulties Specific learning difficulties like dyslexia

Mental and emotional distress A health condition e.g HIV, multiple sclerosis.

Prefer not to say

6. Please say how you would usually describe your sexual orientation?

Lesbian Gay Bisexual

Heterosexual (Straight) Prefer not to say Other

7. What is your religion? (Each category includes all denominations and sects)

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Any other religion (Please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No religion

Prefer not to say

8. I do not wish to provide any of the information requested on this form.

Thank you for taking the time to complete this equalities monitoring form.