****

**VOLUNTEER APPLICATION FORM**

|  |
| --- |
| **Please select which session(s) you wish to volunteer with:** |
|  | Children’s Theatre years 3-5 | ages 7-10Monday Evenings (5.00-7.15pm) |  | Youth Theatre 1years 6-8 | ages 10-13Thursday Evenings (5.00-7.15pm) |
|  | Music Collectiveyears 8-13+ | ages 12-19Monday Evenings (7.00-9.00pm) |  | Youth Theatre 2years 9-13 | ages 14-19Thursday Evenings (7.00-9.15pm) |
|  | Dance Companyyears 5-13+ | ages 9-19Monday Evenings (7.00-9.00pm) |  |  |

|  |
| --- |
| **Your details:**  |
| Name: |   |
| Gender/Pronouns: |  | Date of Birth: |  |
| Phone Number: |  |
| Email Address: |  |

|  |
| --- |
| **Current Address** |
| Address:  |  |
| Postcode:  |  | Move in date: |  |
| **Previous Address 1:** **(***This is a DBS requirement. Please provide any addresses you have lived in the past 5 years – do continue on a separate sheet if necessary.)* |
| Address:  |  |
| Postcode:  |  | Move in date: |  |
| **Previous Address 2:**  |
| Address:  |  |
| Postcode:  |  | Move in date: |  |

|  |
| --- |
| **What experience do you have in the performing arts?What experience do you have working with children and young people?** *(Please continue onto a separate sheet if needed.)* |
|  |

|  |
| --- |
| **Is there any information you would like us to know about your circumstances?** (Regarding physical, mental health or access needs for example) *(Please continue onto a separate sheet if needed.)* |
|  |

|  |
| --- |
| **What do you hope that volunteering at Angel Shed will achieve for you?** *(Please continue onto a separate sheet if needed.)* |
|   |

|  |
| --- |
| **DBS**Angel Shed operates a policy where, unless on the update service, you must complete a new DBS ***(costs covered by Angel Shed).***  |
| Are you on the DBS Update Service? |
| If **yes**, what is your certificate number?  |  |
| If **no**, in order to process you a new DBS, could you please bring in **3 documents** for us to check from the list (at least one for **proof of address** and one for **identity**). Please tick which you will bring: | * Passport
* Driver's License
* Birth Certificate
* Council Tax Bill (no more than 12 months old)
* Utility Bill (no more than 3 months old)
* Bank statement (no more than 3 months old)
 |

|  |
| --- |
| **Emergency Contact 1:** |
| Name:  |  |
| Relationship to you:  |  | Number: |  |
| **Emergency Contact 2:** |
| Name:  |  |
| Relationship to you:  |  | Number: |  |

|  |
| --- |
| **References**On receipt of this form, both your referees will be sent Angel Shed’s Reference pro forma to complete and return. |
| **Referee 1:** |
| Name:  |  |
| Email: |  |
| **Referee 2:** |
| Name:  |  |
| Email: |  |

|  |
| --- |
| **Photo consent** Our workshops and performances may be filmed or photographed. These images and films may be used for evidencing our work, fundraising, publicity or promotional purposes. This might include (but is not limited to) printed and online publicity, social media, press releases and funding applications.  |
| Signed:I give permission to be filmed and/or photographed. |  | Date: |  |

If you need support such as alternate formats, talking aloud or audio description to complete this form or read the policies, please email maya@angelshedtheatre.org.uk.



**VOLUNTEER EQUALITY, DIVERSITY AND INCLUSION FORM**

Angel Shed wants to meet the aims and commitments set out in its equality, diversity, and inclusion policy. This includes building an accurate picture of the make-up of the workforce. We need your help and co-operation to do this, however, filling in this form is voluntary. The information provided will be kept confidential, anonymised, and used for monitoring and reporting purposes.

*If you have any questions about the form, contact Maya Shimmin (maya@angelshedtheatre.org.uk)*

|  |
| --- |
| 1. Please describe your ethnicity (for example Black Caribbean, White British, Turkish…)
 |

|  |
| --- |
| 1. Please select all personal circumstances that apply to you:
 |

|  |  |
| --- | --- |
| o None of the belowo Blind or Partially Sightedo D/deaf or Hard of Hearingo Arthritis o Asthmao Diabeteso Epilepsyo Cerebral Palsy o Mental Health Condition *(for example, anxiety, depression, bipolar disorder, anorexia…)* | o Autism Spectrum Conditiono Dyslexia o Dyspraxiao ADHDo Neurodivergento Wheelchair Usero Chronic Fatigueo Downs Syndromeo Asylum Seeker/ Refugeeo Carero Experience of the care system *(in care or care leaver)* |

|  |
| --- |
| 1. If you don’t see yourself represented in the list above, please specify any personal circumstances relevant to you here:
 |

|  |
| --- |
| 1. How did you hear about Angel Shed?
 |

|  |  |
| --- | --- |
| o Networking evento Word of Moutho Angel Shed Websiteo Social Mediao Arts Jobs  | o Flyer/Postero Work Experience/College Placemento CANDI o Other (please specify­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |