



VOLUNTEER

APPLICATION FORM

Please complete this form if you would like to volunteer with the Manuel Bravo Project. Answers should be brief – no more than a paragraph is required for any question. All information given will be treated with confidentiality.

Please return this form to us: emma.mckee@manuelbravo.org.uk or post to:
Manuel Bravo Project, Unity Business Centre, 26 Roundhay Road, Leeds LS7 1AB

NAME

First Name

Last Name

ADDRESS

Street Address

City

Postcode

EMAIL

TELEPHONE NUMBER

DATE OF BIRTH

EMPLOYMENT STATUS

Please circle all that apply

FULL TIME

PART TIME

NOT WORKING

STUDENT

RETIRED

OTHER (please state) _____

IF YOU WORK, PLEASE STATE NATURE OF WORK AND WHERE IT IS BASED:

IF YOU ARE STUDYING, PLEASE STATE WHICH COURSE AND WHERE:

WHAT IS YOUR AVAILABILITY (MONDAY-FRIDAY)?

LANGUAGES

DO YOU SPEAK ANY OTHER LANGUAGES?

Yes

No

Please state below along with your level of fluency:

**native speaker or equivalent fluency / high level
/ good / basic**

**native speaker or equivalent fluency / high level
/ good / basic**

No

**native speaker or equivalent fluency / high level
/ good / basic**

VOLUNTEERING

WHAT ROLE(S) WOULD YOU LIKE TO APPLY FOR?

WHY WOULD YOU LIKE TO VOLUNTEER WITH MANUEL BRAVO PROJECT?

PLEASE DESCRIBE ANY PREVIOUS VOLUNTEERING EXPERIENCE BELOW:

PLEASE TELL US ABOUT ANY OTHER SKILLS, EXPERIENCE, TRAINING OR INTERESTS WHICH YOU FEEL MAY HELP YOU IN THE ROLE(S) YOU'VE APPLIED FOR:

Manuel Bravo Project highly values the contribution and insight of people with lived experience of the asylum system. It is useful for us to know how many of our volunteers are current asylum seekers or refugees for monitoring, and also to be aware of any additional support people may need. To help with this, it would be useful if you could answer the following questions. Please know that asylum seekers have the right to volunteer so there is no answer to this question that would prevent you from volunteering. Answering the following questions is **OPTIONAL:**

- ARE YOU CURRENTLY AN ASYLUM SEEKER? Yes No
- IF NOT, HAVE YOU BEEN THROUGH THE ASYLUM PROCESS? Yes No
- HAVE YOU BEEN THROUGH ANY OTHER IMMIGRATION PROCESS IN THE UK? Yes No

DO YOU FEEL THERE IS ANY ADDITIONAL SUPPORT YOU MAY NEED TO HELP WITH YOUR VOLUNTEERING, DUE TO MENTAL HEALTH, DISABILITY, EXPERIENCES OF TRAUMA, OR WAYS YOU HAVE FELT EXCLUDED OR DISCRIMINATED AGAINST IN OTHER ENVIRONMENTS? (ANSWERING THIS QUESTION IS OPTIONAL. YOU MAY CHOOSE TO LEAVE IT BLANK, ANSWER HERE OR DISCUSS AT INTERVIEW).

REFERENCES

PLEASE GIVE THE NAMES, EMAILS, AND DAYTIME PHONE NUMBERS OF TWO REFEREES. AT LEAST ONE MUST KNOW YOU PROFESSIONALLY, E.G. AS YOUR EMPLOYER, COLLEAGUE OR TUTOR. PLEASE NOTE WE CANNOT ACCEPT REFERENCES FROM FAMILY MEMBERS OR PARTNERS.

REFEREE 1

NAME

First Name

Last Name

EMAIL

TELEPHONE NUMBER

HOW DO YOU KNOW THIS PERSON?

REFEREE 2

NAME

First Name

Last Name

EMAIL

TELEPHONE NUMBER

HOW DO YOU KNOW THIS PERSON?

HOW DID YOU HEAR ABOUT MANUEL BRAVO PROJECT?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD?

NAME

First Name

Last Name

SIGNATURE

DATE



THANK YOU FOR YOUR INFORMATION