



Cayman LGBTQ Foundation

Application Form

This form should be used by anyone wishing to volunteer to Cayman LGBTQ Foundation. If you are having difficulties completing this form for any reason, please contact Human Resource at info@clgbtqf.com All completed forms must be submitted to the email above.

PERSONAL DETAILS

Full Name	
Address	
Postcode	
Telephone:	Mobile:
Email address:	Date of Birth:

Preferred method of contact *(please tick all that apply, but please note that when we contact you, we will usually only use one, not all, preferred method)*

Post		Email		Telephone		Mobile		Text	
If we need to leave you a voice message, is this OK?						Yes		No	

Next of Kin/Emergency Contact: <i>(for use in emergency only)</i>

Next of Kin Contact Telephone: <i>(include area code)</i>	Next of Kin Email:
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What pronoun would you like us to use for you? *There is no obligation to answer, but it will help us address you as you wish to be addressed.*

She/Her		He/His		They/Their		Other:
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Are there any reasonable adjustments you may need while working with us?
Please note that this will in no way have a negative impact on your application and it is for us to make sure your volunteering experience is as positive and inclusive as possible. The information you give will be kept confidential. Please describe any adjustments you may need below.

APPLICATION QUESTIONS

If you need more space to write your answers, please continue over the page and clearly mark which question your answer relates to.

What specific role, if any, will you be applying for?*

**Please note if you are not applying for a specific role your application will take longer to process*

What is your most recent education/qualification?

What are your hobbies and interests?

What (if any) is your previous experience?

What skills and experience do you feel you can bring to Cayman LGBTQ Foundation?

What skills and experience do you hope to gain through working with Cayman LGBTQ Foundation?

What times would be best for you to operate?

Anytime		Weekday Daytime		Weekday Evenings		Weekends	
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Where did you hear about Cayman LGBTQ Foundation?

Is there anything in your background which you think may affect your suitability to volunteer in certain areas at Cayman LGBTQ Foundation?

(this information is kept completely confidential and a separate meeting will be booked with the Director for further discussion)

REFERENCES

Yes		No	
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PLEASE PROVIDE TWO

REFERENCES. If you have worked in the past five years, at least one of your two references should be obtained from your last employer. If not, please give the names of people who know you well (ideally at least two years). *If you are able to provide an email address for your references, we can check them more quickly.*

REFEREE 1

Name

Address Postcode

Telephone Number: N/A
Email Address:
In what capacity do they know you?

REFEREE 2

Name

Address Postcode

Telephone Number:
Email Address:
In what capacity do they know you?

DECLARATION

I understand that any offer of working with Cayman LGBTQ Foundation? is subject to satisfactory references.

In accordance with the 1998 Data Protection Act, I agree that the Cayman LGBTQ Foundation may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form can be stored both manually or via computer files. It will be held securely and only accessed by authorized personnel.

Membership fees are **CI\$25.00** per year.

Signature	Date
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Print Name
