Return to:

[volunteering@ageukcap.org.uk](mailto:volunteering@ageukcap.org.uk)

**AGE UK CAMBRIDGESHIRE & PETERBOROUGH**

**CONFIDENTIAL**

**VOLUNTEER APPLICATION FORM**

**Title/Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please confirm you are over 18 years of age: YES / NO**

**Emergency Contact Name & T/phone No:**

**Why do you wish to become an Age UK Cambridgeshire & Peterborough volunteer and what skills or experience do you feel you can bring to our organisation?**

|  |
| --- |
| **Where did you hear about Age UKCAPs volunteering opportunities?**  Word of mouth  Age UKCAP Leaflet  Age UK/Age UKCAP website  National Campaign  Social Media Volunteer Cambs  **Other** (please state) |

**Please tick preferred areas for volunteering (tick all that apply):**

Sharing Time  Administration

Community Wardens  Handyperson Service

Information and Advice  Day Services

**Other** (Please state)

Approximately how many hours per week, and when are you available?

**Evenings/weekends only? Yes/No If No, please fill in below:**

Approx. \_\_\_\_\_\_\_\_hours per week, on:

Mon: AM PM Tues: AM PM Weds: AM  PM Thurs: AM PM Fri: AM PM Sat:  AM PM Sun: AM  PM

**Please provide details of any hobbies/areas of interest:**

**Do you have any communication needs?**

Have you ever been convicted of a criminal offence? Yes  No

**If yes, please give details below:**

*It should be noted that Age UK Cambridgeshire & Peterborough is exempt from the provision of the Rehabilitation of Offenders Act 1974as its work involves older people who may be suffering from physical or mental disability. A Disclosure & Barring Service check will be required prior to acceptance for volunteers.*

**Have you ever been referred to the Independent Safeguarding Authority?**

Yes  No

**Have you ever been barred from working with vulnerable adults/children?**

Yes  No

**Do you hold a current and full driving licence?**

Yes  No

**Do you have any driving endorsements?**

Yes  No

**If yes to any of the above, please give details:**

**Do you have any health issues you wish to make us aware of, to enable us to support you in your role?**

Yes  No

**If yes, please give details:**

**References & DBS check:** A Disclosure & Barring Service check (formerly CRB) plus two satisfactory references will be required before applicants may be accepted as a volunteer. Please give the names and addresses of two referees who have known you for over two years (neither should be related to you and one should be a previous employer or professional person if possible).

**First Reference:**

Title: \_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity in which first referee is known to you and for how long:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Reference:**

Title: \_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity in which second referee is known to you and for how long:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing and returning this application form you consent to AUKCAP using and keeping information about you or by third parties (such as referees) relating to your volunteer application. This information will be used solely in the volunteer application process. For unsuccessful applications the information will be destroyed within 6 months unless you have consented to extend this period.*

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

**For Office Use Only:**

Date sent:

Date Received: Actions

Reference 1

-

Reference 2

-

DBS:

Induction

Date

Start Date

Leave

Date

Manager Responsible =