## VOLUNTEER OFFER OF SERVICEConfidential

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| Title |  |
| Address |  |
| Postcode |  |
| Telephone | Home |  |
|  | Mobile |  |
| Email  |  |
| Date of birth |  |
| Nationality |  |
| Other languages spoken |  |
| Occupation |  |
| Do you have a full driving licence? | YES / NO | Do you have use of a vehicle?  | YES /NO |

**References**

Please provide contact details of two persons to whom reference can be made. They should not be family members and must have known you for a minimum of one year. At least one of these people should have known you in a formal capacity, e.g. employer, solicitor, doctor, tutor.

|  |  |  |
| --- | --- | --- |
|  | 1 | 2 |
| Name |  |  |
| Address |  |  |
| Email |  |  |
| Capacity |  |  |

How did you hear about volunteering with us?

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Please provide some details about what has attracted you to volunteer with Age UK Berkshire, and what skills you feel you would bring to the role.

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Please tick the box next to any area(s) of volunteering you would be interested in.

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| --- | --- | --- | --- |
| ☐ | Befriending (home visits) | ☐ | Information and advice |
| ☐ | Telephone befriending | ☐ | Easy Shop (internet shopping) |
| ☐ | Active Living (clubs and activities) | ☐ | Administration |
| ☐ | Money management | ☐ | Out and About |
| ☐ | Social media | ☐ | Fundraising |
| ☐ | Marketing / PR | ☐ | Trustee |
| ☐ | Flexible (bank) volunteer – various roles as and when needed |
| ☐ | Other (what?) …………………………………………….. |

If accepted as a volunteer, you may be required to satisfactorily pass a Disclosure and Barring Scheme check (formerly a CRB check). Your disclosure of any past or spent convictions may not preclude you from volunteering with Age UK Berkshire. For more information see [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check).

|  |  |
| --- | --- |
| Which area in Berkshire are you able to cover? |  |
| How many hours a week are you available to volunteer? |  |
| When might you be available?Which day(s) of the week and time(s) Morning/ Afternoon/ Evening - for example Monday mornings |  |

Please type your name below if returning the form by email, or sign if you are returning a paper copy.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

Forms returned electronically will be considered as signed by the applicant.

Please return this form to the Volunteer Coordinator, Age UK Berkshire, Huntley House, 119 London Street, Reading, RG1 4QA.
Email: vol@ageukberkshire.org.uk Telephone: 0118 959 4242

By submitting this form you agree that Age UK may, in accordance with the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679), hold and use personal information about you for volunteering reasons and to keep in touch with you. This information, including that contained in this application, can be stored on both manual and computer files.

You may withdraw your consent to this at any time by contacting the Age UK Berkshire office in writing.
Information on our database is strictly confidential and we do not pass on any personal data about you to outside organisations and/or individuals without your express personal consent.