

**Volunteer Application Form**

Thank you for your interest in becoming a volunteer at Age UK Bristol.

Please answer the questions below. If you need more information or help to complete the form, please contact us. We look forward to hearing from you.

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| --- | --- |
| **First Name(s)** |  |
| **Surname** |  |
| **Preferred Name** |  |
| **Address and postcode** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email** |  |
| **Are you over 18 years old?** | **Yes 🗌 No**  **🗌** |

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| **1 How did you hear of Age UK Bristol’s need for volunteers?** |
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| **2 What attracts you to volunteering with us?** |
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| **3 Which service interests you the most? (If you are interested in more than one service please list these in order of preference)** |
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| **4 Please outline any previous work and/or voluntary experience.** |
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| **5 What are your strengths?** |
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| **6 What skills can you offer?** |
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| **7 Please refer to the information provided and let us know how many hours a week you are available to volunteer, and on which days.** |
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| **8 How long are you planning to volunteer with us?** |
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| **9 For reasons of health and safety are there are any health issues that we should be aware of? This will not hinder your application.** |
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| **10 Do you have any access requirements to volunteer with us?** |
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**11 References**

Please give details of two people who would be willing to act as your referees, and are not related to you. Ideally, they should be a present or recent employer, a course tutor, or your supervisor from any other voluntary activity you have done. If this is a problem, please talk to us about it when we meet, as we will not contact your referees until after your interview.

**Reference 1**

|  |  |
| --- | --- |
| **Name** |  |
| **How do they know you?** |  |
| **Address and postcode** |  |
| **Email** |  |
| **Telephone** |  |

**Reference 2**

|  |  |
| --- | --- |
| **Name** |  |
| **How do they know you?** |  |
| **Address and postcode** |  |
| **Email** |  |
| **Telephone** |  |

**12 Convictions**

Having a conviction doesn’t necessarily mean you are unsuitable for volunteering. Please note that after your interview you may be asked to apply for an enhanced DBS (formerly CRB) check if the role requires one

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198? Please tick yes or no.

**Yes**

**No**

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| **I certify that the information I have given on this form is true and accurate. I agree that Age UK Bristol may hold my personal details on a database, on the understanding that this information will be kept confidentially and not given to any other organisation.** |

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| **Signature or Name** |
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| --- |
| **Date** |
|  |

Please return this form to Age UK Bristol:

By post: **Shamim Baloo, Age UK Bristol**

**Canningford House, 38 Victoria Street**

**Bristol BS1 6BY**

By email: [**shamimbaloo@ageukbristol.org.uk**](mailto:shamimbaloo@ageukbristol.org.uk)

**Thank you for taking the time to fill in this application form. We would be grateful if you could complete the Equalities Monitoring form on the next 2 pages to help us to monitor our services, before returning the application form to us.**

FEBRUARY 2018

**Age UK Bristol**

**Equalities Monitoring Form**

Age UK Bristol is committed to making equal opportunities a reality in the provision of all of our services. Information provided on this form will be treated **confidentially** and in accordance with the Data Protection Act 1998. The information will only be used for monitoring purposes. Please tick the appropriate boxes:

**Ethnicity**

***White:***

British  Irish  Gypsy/Traveller  Eastern European

Any other White background  Please specify: ……………………………

***Asian/Asian British:***

Indian  Pakistani  Bangladeshi  Chinese

Any other Asian background  Please specify: ……………………………

***Black/Black British:***

African (non Somali)  Somali  Caribbean

Any other Black background  Please specify: ……………………………

***Mixed/Multiple Ethnic Groups:***

White and Black Caribbean  White and Black African  White and Asian

Any other Mixed/Multiple Ethnic background  Please specify: .…………………

***Other Ethnic Groups:***

Roma  Arab  Iranian  Iraqi  Kurdish  Turkish

Any other ethnic background  Please specify: ……………………………

Prefer not to say

**Religion**

Christian  Muslim  Hindu  Sikh  Jewish  Buddhist  None

Any other religion  Please specify: ………………………

Prefer not to say

**Age**

Under 18  18–49  50–64  65–74  75–84  85–94  95+

Prefer not to say

**Gender**

Male  Female  Prefer not to say  … *PTO*

**Transgender**

(Is your gender identity different to that assigned at birth?)

No  Yes  Prefer not to say

**Sexual Orientation**

Heterosexual/Straight  Lesbian  Gay  Bisexual

Prefer not to say

**Disability**

Do you consider yourself to be a disabled person?

Yes  No  Prefer not to say

***If yes, please tick the relevant disability group/s below:***

Physical impairment  Visual impairment  Hearing impairment

Speech impairment  Deaf BSL User  Learning difficulties

Mental and emotional distress  Health Condition

Autistic spectrum disorder  Prefer not to say

**Thank you for taking the time to complete this form.**