

Volunteer Application Form

Do you have a valid driving licence Yes No (Please ✓)					
Volunteer Ro	les th	nat you are interested	in (Please ✓)		
		Online Champion			
		Foot Care Volunteer			
olunteer		Volunteer Ambassac	lor		
		Volunteer Support A	ssistant		
son for volun	teeri	ing? (Please √)			
ty		To meet new people			
/		Work Experience			
eme		Other			
In which area(s) you'll be willing to volunteer (Please ✓)					
Redditch		Wyre Forest			
i	Volunteer Ro clunteer ty eme be willing to	Volunteer Roles the colunteer son for volunteer ty eme be willing to volunteer	Volunteer Roles that you are interested Online Champion Foot Care Volunteer Volunteer Ambassad Volunteer Support As Son for volunteering? (Please ✓) ty To meet new people Work Experience Other be willing to volunteer (Please ✓)	Volunteer Roles that you are interested in (Please ✓) Online Champion Foot Care Volunteer Volunteer Ambassador Volunteer Support Assistant son for volunteering? (Please ✓) ty To meet new people Work Experience eme Other be willing to volunteer (Please ✓)	

Age UK Bromsgrove, Redditch and Wyre Forest; a charitable incorporated organisation, registered charity number 1165891 Registered Office: 51 Windsor Street, Bromsgrove, B60 2BJ.

Please tick which day(s) and time(s) you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

What skills, experience, hobbies	and in	terests can you offer? (Please ✓)	
Supporting Others		Professional	
Interpersonal Skills		Promotion & Fundraising	
Creative		Administration	
Retail		Technology & IT Skills	
Any there any other skills or interest	sts you	want to specify?	
	ous exp	perience which may be helpful to the	Э
role?			

Your Emergency Contact Details/ Next of Kin Title: Surname First Name Address Home Telephone: Mobile Number: Email: Relationship to you Do you have any convictions? Yes No (Please ✓) If 'Yes' please specify Do you have any health problems and/ or do you have any access needs? (Please ✓) If 'Yes' please specify: Yes No **Your References** Please give details of two people (who have known you for at least two years and are NOT family members) who we can ask for a reference to support your application: **Reference One:** Title: First Name Surname Address Home Telephone: Mobile Number: Email: Relationship to you Length of time known to you:

Reference Two:	
Title:	
First Name	
Surname	
Address	
Home Telephone:	
Mobile Number:	
Email:	
Relationship to you	
Length of time know	vn to you:
to your details being application. For more ead our privacy polectaration declare that this in	ction Regulations (May 2018). By completing this form, you agree ng held by Age UK BRWF and being used to process your re details on how we use and look after your personal information, icy at www.ageuk.org.uk/brwf/privacy-policy/ . formation is, to the best of my knowledge, true and correct, and ed as a Volunteer with Age UK BRWF I agree to abide by the
charity's policies and	d procedures rules concerning the responsibilities of a volunteer.
Signed:	
Print Name:	
Date:	
Ple	ase return your completed Application Form to:

Please return your completed Application Form to:

Age UK BRWF (HR & Admin)

51 Windsor Street, Bromsgrove, B60 2BJ

Email: <u>HRAdmin@ageukbrwf.org.uk</u>

Any queries or concerns, please call HR/Admin on 01527 871840

For more information about Age UK BRWF's work as a local charity supporting older people across North Worcestershire:

Call 01527 570490, Visit www.ageuk.org.uk/brwf/ Follow us on www.facebook.com/AgeUKBRWF/