

VOLUNTEER STARTER FORM

START DATE		
Title (Mr, Mrs, Miss, Miss, Other – please specify)		
Surname		
Forename(s)		
Known as		
Home Address		
Postcode		
Home Telephone Number		
Mobile Number		
Email Address		
Date of Birth		
Do you have a valid driving licence		
<p><i>Some of our volunteer roles are eligible for a disclosure and Barring Service check. Organisations are entitled under the Rehabilitation of Offenders Act to ask the following questions, and the potential volunteer is required to answer</i></p>		
Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance. If yes, please specify	Y	N
Do you have any health needs that you want to share with us so that we can better support you?		
Do you have any access needs? (wheelchair, large print?, please specify)	Y	N
Emergency Contact		
Has the person agreed to be your emergency contact ?		N
Emergency Contact		
Relationship		
Contact Details		

Placement							
Volunteer Role							
Location							
Supervisor							
Days Available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<i>Tick appropriate box</i>							
About You – please tell us a little bit about yourself including any skills and experience to support your application. Feel free to continue on a separate sheet.							
REFERENCES – name and contact details of two referees who have known you for at least two years and are NOT family members							
Referee Details				Referee Details			
Relationship				Relationship			
Telephone Number				Telephone Number			
Email Address				Email Address			
Residential/Postal Address				Residential/Postal Address			

..... **AND FINALLY**

What is your main reason for volunteering?

<input type="checkbox"/>	The Age UK BRWF charitable cause
<input type="checkbox"/>	To meet new people
<input type="checkbox"/>	To add skills to your CV
<input type="checkbox"/>	Work experience
<input type="checkbox"/>	Other (Specify)

How did you find out about Age UK Bromsgrove, Redditch & Wyre Forest

<input type="checkbox"/>	Family of friend
<input type="checkbox"/>	Shop poster
<input type="checkbox"/>	Newspaper or TV Advert
<input type="checkbox"/>	Age UK website
<input type="checkbox"/>	Other (specify)

OFFICE USE				
Induction Pack				
		Date of Issue	Date signed & Returned (initial)	
Induction Presentation				
Volunteer Agreement & Confidentiality Statement				
Volunteer Policy				
DBS Form (if required for role)				
Health & Safety Policy				
Lone Worker Policy				
Safeguarding Policy				
Expenses Form				
GDPR				
Privacy Notice issued				
Consent to process data – issued, signed and returned				
References Requested		Date:	Ref 1	Ref 2
References Received		Date:	Ref 1	Ref 2
DBS Check Application		Date	Form No:	
DBS Certificate received		Date:	Cert No:	
Charity Log updated		Induction Date:		
ID Card Issued		ID Issue Form Signed:		
Signed				
Print Name				
Date				