

# VOLUNTEER APPLICATION FORM

Thank you for your interest in Age UK Buckinghamshire.

Please indicate where you heard about us: ………………………………………………………………

Voluntary role applied for:

## PERSONAL DETAILS (You must be over 18 years of age to apply)

Title (Dr/Mr/Mrs/Ms): ……… Surname: …………………………. First name: ……………………....

Address: …………………………………………………. Tel: ………………………………..

…………………………………………………………….. Mob: ………………………………

…………………………… Post code:…………………. Email:……………………………..

**GDPR Regulations Consent: *(Please circle as appropriate)***

* Please confirm that we have your consent to keep your details securely on our YES/NO

computerised system

* How would you prefer us to get in touch EMAIL/LANDLINE/MOBILE/LETTER
* Are you happy for us to get in touch about events which we feel may be of YES/NO

interest/helpful to you?

RELEVANT SKILLS AND EXPERIENCE

Please use the space below to explain why you are applying for the role and how your experience (paid or unpaid), personal qualities and skills help to make you a suitable candidate.

…………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………….

## DRIVING LICENCE (*Please circle or underline)*

Do you hold a full, current driving licence? YES / NO

## VULNERABLE ADULTS

All positions with Age UK Buckinghamshire may bring staff into contact with vulnerable adults.

Please note that all employees of, and volunteers for, Age UK Buckinghamshire are required to undergo a Disclosure and Barring Service check.

## CRIMINAL CONVICTIONS (*Please circle or underline)*

Have you ever been convicted of a criminal offence? YES / NO

Is the offence “spent” as defined by the Rehabilitation of Offenders Act 1974? YES / NO

Do you have a criminal conviction which is unspent? YES / NO

Or pending against you? YES / NO

**REFERENCES**

Please give details of **two referees**. These should be people who have known you for at least 5 years. **We do not accept references from family members**. Please supply email addresses for referees if possible. We will not contact either of your referees without your prior permission.

|  |  |
| --- | --- |
| **1st Referee** | **2nd Referee** |
| Name: | Name: |
| Position: | Position: |
| Email: | Email: |
| Organisation: |  |
| Address: | Address: |
| Post code: | Post code: |
| Telephone no: | Telephone no: |
| Capacity in which known: | Capacity in which known: |
| How long have you known this person: | How long have you known this person: |

**DECLARATION**

I confirm that the information given by me on this application form is true to the best of my knowledge and belief and I understand that if such information was found to be materially incorrect Age UK Buckinghamshire would be entitled to terminate my voluntary position with immediate effect.

Signed: …………………………………………….. Date: …………………………………….

**Please Return to**:

.

* Post: Age UK Buckinghamshire, 145 Meadowcroft, Aylesbury, HP19 9HH, or
* Email: age@ageukbucks.org.uk