

How much time do you have available for volunteering?
(Please indicate times/days that are normally convenient for you)

Do you have a preference for which part of the Borough you volunteer in?

What sort of volunteering are you interested in? For example - social centres, IT, handyperson service etc. Please also let us know if you have a particular skill or experience that might be of interest to us.

Do you own a car with a valid driving license?

Y / N

Are you able to use it for volunteering purposes if required for your role Y / N

Are you fluent in any languages other than English?

Y / N

If yes, which languages spoken:

How did you find out about volunteering with Age UK Buckinghamshire? Please tick any boxes that apply below:

Word of mouth	<input type="checkbox"/>	Age UK Bucks member/volunteer/staff	<input type="checkbox"/>
Press advert	<input type="checkbox"/>	Newspaper article	<input type="checkbox"/>
TV/Radio	<input type="checkbox"/>	Social media – Twitter / Facebook	<input type="checkbox"/>
Website – which one	<input type="checkbox"/>	Newsletter or email	<input type="checkbox"/>
Leaflet	<input type="checkbox"/>	Poster	<input type="checkbox"/>
Community notice board	<input type="checkbox"/>	Bucks Council for Volunteering Service (RCVS)	<input type="checkbox"/>
Talk/Presentation	<input type="checkbox"/>	Local event	<input type="checkbox"/>
Other (please give details)			

What are your reasons for volunteering?

To gain work experience	<input type="checkbox"/>	To get involved in the community	<input type="checkbox"/>
To develop new skills	<input type="checkbox"/>	To make new friends	<input type="checkbox"/>
To build confidence	<input type="checkbox"/>	To maintain existing skills	<input type="checkbox"/>
Any additional reasons or comments?			

D. YOUR HEALTH

In order that we may offer you appropriate support in your volunteer role, please advise us of any health problems, disability or a medical condition that you think may affect the type of volunteering that you can do.

E. REFERENCES

In both the interests of yourself and of the people with whom you will be working, we require a reference from two referees who have known you for at least two years. These referees MUST NOT BE FAMILY MEMBERS.

1 st Referee Name	
Address	
Post Code	
Telephone No.	
Email Address	
In what capacity has the referee known you	

2nd Referee	
Name	
Address	
Post Code	
Telephone No.	
Email address	
In what capacity has the referee known you and for how long?	

F. WORKING WITH VULNERABLE PEOPLE

As a charity working with vulnerable older people we have a duty of care towards our clients. We may be required to carry out a DBS check for this reason.

Please indicate if you are happy for this to take place?

Y / N

Do you have a current up to date DBS certificate registered with the update service?

Y / N

Do you give Age UK Buckinghamshire permission to access your certificate?

Y / N

G. EQUALITY AND DIVERSITY

Gender:

Ethnicity:

Black:		White:		Asian:		Mixed:	
African		Irish		Bangladeshi		White & Asian	
Caribbean		UK		Chinese		White & African	
				Indian		White & Caribbean	
				Pakistani			
				Vietnamese			
Other		Other		Other		Other	

Do not wish to disclose **Y**

G. DECLARATION

I declare that the information on this form is true and correct to the best of my knowledge.

Signed.....

Date.....

Please email this completed form to lphipps@ageukbucks.org.uk

Alternatively, you can post it to Age UK Buckinghamshire, 145 Meadowcroft, Aylesbury, HP19 9HH.