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# VOLUNTEER APPLICATION FORM

As one of the largest voluntary sector organisations in the county working with & for older people, Age UK Buckinghamshire offers a wide range of services including information and advice, welfare benefit help, home services including housekeeping, handypersons and gardening. As well as information on events in our county. We welcome enthusiastic volunteers who want to share their skills and experience to volunteer with us.

## A. PERSONAL DETAILS

|  |
| --- |
| TITLE: NAME: |
| ADDRESS:POST CODE: |
| TELEPHONE: Home: Mobile: |
| E-mail address: |
| Date of birth: |

**B. STATUS (please tick which applies)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unemployed |  | Student |  | Retired |  |
| Working part-time |  | Working Full Time |  | Long Term Sick or disabled |  |
| Other | | | | | |

## C. BACKGROUND DETAILS

|  |
| --- |
| Outline any skills, interests, hobbies, previous experience you have gained in the last 10 years either through work, volunteering, community work or caring for family members. (This helps to give us a general idea of the sort of experiences you have had and the skills that this will have given you. Please give as much detail as possible) |
| 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 county 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 |  | Age UK Bucks member/volunteer/staff |  |
| Press advert |  | Newspaper article |  |
| TV/Radio |  | Social media – Twitter / Facebook |  |
| Website – which one |  | Newsletter or email |  |
| Leaflet |  | Poster |  |
| Community notice board |  | Bucks Council for Volunteering Service (RCVS) |  |
| Talk/Presentation |  | Local event |  |
| Other(please give details | | | |

**What are your reasons for volunteering?**

|  |  |  |  |
| --- | --- | --- | --- |
| To gain work experience |  | To get involved in the community |  |
| To develop new skills |  | To make new friends |  |
| To build confidence |  | To maintain existing skills |  |
| 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.

|  |  |
| --- | --- |
| 1st 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 **□**

##### 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.**