

**Age UK Calderdale & Kirklees**

**Volunteer Application Form**

If you feel a question does not apply, please mark it N/A (not applicable).

Application forms should be completed and returned by email to: enquiry[@ageukck.org.uk](mailto:lbutland@ageukck.org.uk)

or post to:

Age UK Calderdale & Kirklees

4-6 Square

Woolshops

Halifax

HX1 1RJ

Tel: 01422 252 040

All information provided in this application form will be treated as confidential and used only for the purposes of selection of Age UK Calderdale & Kirklees volunteers and will be seen only by those directly involved in the appointment process.



**Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mrs |  | Miss |  | Ms |  | Mr |  | Other |  |

|  |  |
| --- | --- |
| Surname |  |

|  |  |
| --- | --- |
| Forename(s) |  |

|  |  |
| --- | --- |
| Previous surname(s)  *(if any)* |  |

|  |  |
| --- | --- |
| Home address & postcode |  |

|  |  |  |
| --- | --- | --- |
| Telephone number | home |  |

|  |  |  |
| --- | --- | --- |
|  | mobile |  |

|  |  |
| --- | --- |
| E-mail address |  |

E

|  |  |
| --- | --- |
| Emergency contact name, phone number and relationship to applicant |  |

Your availability: please tick below

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MON | | TUES | | WEDS | | THURS | | FRI | | SAT | | SUN | |
| AM |  | AM |  | AM |  | AM |  | AM |  | AM |  | AM |  |
| PM |  | PM |  | PM |  | PM |  | PM |  | PM |  | PM |  |

Why do you want to Volunteer with Age UK Calderdale & Kirklees?

|  |
| --- |
|  |

Where did you hear about volunteering with Age UK?

|  |
| --- |
|  |

What type of role would you like to volunteer for?

|  |
| --- |
|  |

Please outline your experience (work, voluntary or other personal/professional experience) and/or training and explain how this makes you suitable for the volunteer role you are applying for.

|  |
| --- |
|  |

Please give any details of your spare time and recreational interests and activities or provide any other information you think is missing elsewhere in the application.

|  |
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|  |

Please declare any other interests or roles (e.g. Local Councillor) which may be considered a potential conflict of interest in relation to the role and responsibilities of Age UK Calderdale & Kirklees

|  |
| --- |
|  |

Please sign below (writing your name in the box constitutes a signature) to indicate that you wish to apply.

**Declaration**

I understand that any offer of volunteering with Age UK Calderdale and Kirklees may be subject to, a DBS check and will require two satisfactory references.

Please note we are unable to accept volunteers under 14 years of age

**If you are aged under 18 then please ask your parent/guardian to complete this section:**

**I give permission for the above person to volunteer with Age UK Calderdale & Kirklees and for Age UK Calderdale & Kirklees to hold their details on file.**

**Parent/Guardian Signature** …................................................... **Date -** …...................................

**Name of Parent/Guardian (please print) -** …...............................................................................

We want you to know that we are committed to protecting and respecting your privacy and security. We have published a Privacy Notice to give you more information on the data we hold about you, what we do with that data, who we share your data with and your new rights under GDPR.

Our updated Privacy Notice is now on our website, and you can view it a www.ageuk.org.uk/calderdaleandkirklees alternatively we can send you a copy if you prefer.

By completing this form, you agree to the terms and conditions of our Privacy Notice that governs how your information will be processed. Please sign here to give your consent.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

## References

Please give details of **two** referees, e.g. a previous employer, someone you have volunteered for, someone who has known you for at least two years. They must not be related to you. They may be contacted later to provide further information.

**Referee 1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mrs |  | Miss |  | Ms |  | Dr |  | Other |  |

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |  |
| --- | --- | --- |
| Relationship to applicant |  |  |

|  |  |  |
| --- | --- | --- |
| Telephone number |  |  |

|  |  |
| --- | --- |
| Occupation |  |

|  |  |
| --- | --- |
| E-mail address |  |

**Referee 2**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mrs |  | Miss |  | Ms |  | Dr |  | Other |  |

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |  |
| --- | --- | --- |
| Relationship to applicant |  |  |

|  |  |  |
| --- | --- | --- |
| Telephone number |  |  |

|  |  |
| --- | --- |
| Occupation |  |

|  |  |
| --- | --- |
| E-mail address |  |

**Equality Monitoring Form**

This information is used only for the purpose of ensuring the effectiveness of our Equal Opportunities policy (which is available on request) and will be detached from your application form and will not be used in the recruitment process.

|  |  |
| --- | --- |
| Date of birth |  |

What best describes your gender?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Female |  | Male |  | Intersex |  |
| Non-binary |  | Prefer not to say |  | If you prefer to use your own term, please specify here -  .................................................................. | |

What is your sexual orientation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bisexual |  | Homosexual |  | Lesbian |  |
| Heterosexual |  | Other |  | Prefer not to say |  |

Are you?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Single |  | Married or in a civil partnership | | |  | Divorced |  |
| Widowed |  | Other |  | Prefer not to say | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability? | Yes |  | No |  |

If you wish to disclose this, please give details.

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Place and country of birth |  | Nationality |  |

I would describe my ethnic origin as:

*(please tick the one with which you most identify)*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Asian/British Asian*** |  | ***Black/Black British*** |  |
| *Indian* |  | *Black Caribbean* |  |
| *Pakistani* |  | *Black African* |  |
| *Other* |  | *Other* |  |
|  |  |  |  |
| ***White*** |  | ***Other ethnic group*** |  |
| *White English* |  |
| *White Irish* |  |
| *White Other* |  |

**DBS & UPDATE SERVICE**

**INFORMATION & AUTHORISATION FORM**

\* Please note, this is not a DBS application form

**DBS & UPDATE SERVICE DECLARATION**

It is a condition of employment or placement as a volunteer with Age UK that a DBS Check and enrolment on the DBS Update Service is undertaken for certain roles.

**This section must be completed in full, signed and dated in order for us to apply for your DBS check and to enrol you on the DBS Update Service.**

All our DBS checks are done online. If you do not have access to a computer, we will apply for your DBS online on your behalf.

|  |  |
| --- | --- |
| Full name (including middle names) |  |
| Active email address (please print clearly) |  |
| Have you any unspent convictions, cautions, reprimands, or warnings? |  |
| Are you in possession of a recent DBS Certificate? |  |
| Are you currently registered with the DBS Update Service? |  |

I hereby authorise Age UK Calderdale & Kirklees to: -

• undertake a DBS check or check my DBS status online if I am currently registered with the DBS Update Service.

• enrol me on the DBS Update Service on completion of a DBS check.

• have ongoing authorisation to re-view my DBS Certificate’s status on a yearly basis for the duration of my role only.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

For more information about the Update Service contact Age UK, or visit www.gov.uk/dbs-update service employees' guide