Logo

Description automatically generated

**Please Return to:**

Age UK Cambridgeshire and Peterborough

Sharing Time Team

L24 South Fens Business Centre

Fenton Way

Chatteris

PE16 6TT

E: [sharingtime@ageukcap.org.uk](mailto:sharingtime@ageukcap.org.uk)

**AGE UK CAMBRIDGESHIRE & PETERBOROUGH**

**CONFIDENTIAL**

**SHARING TIME VOLUNTEER APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR DETAILS:** | | | |
| Title | | |  |
| Surname | | |  |
| First Name | | |  |
| Known As | | |  |
| Telephone No | | |  |
| Mobile No | | |  |
| Email Address | | |  |
| Home Address | | |  |
| Current Address (if different) | | |  |
| AREA/District | | |  |
| Marital Status | | |  |
| Gender | | |  |
| Date of Birth | | |  |
| Religion | | |  |
| Ethnic Group | | |  |
| How did you hear about Age UK Cambridgeshire & Peterborough? | | | Word of Mouth  Age UK Website  Social Media  Age UK Leaflet  National Campaign  Other (Please state)      ………………………………………. |
| **EMERGENCY CONTACT DETAILS** | | | |
| Full Name | | |  |
| Relationship | | |  |
| Address | | |  |
| Telephone No | | |  |
| **MEDICAL DETAILS** | | | |
| Do you have any health or other issues you wish to make us aware of to enable us to support you in your role? | | | Yes  No |
| If yes, please give details: | | |  |
| **FURTHER INFORMATION** | | | |
| Do you hold a current and full driving licence? | | | Yes  No |
| Do you have any driving endorsements? | | | Yes  No |
| If yes to any of the above, please give details: | | |  |
| Have you ever been convicted of a criminal offence? | | | Yes  No |
| Have you ever been referred to the Independent Safeguarding Authority? | | | Yes  No |
| Have you ever been barred from working with vulnerable adults/children? | | | Yes  No |
| If yes to any of the above, please give details: | | |  |
| It should be noted that Age UK Cambridgeshire & Peterborough is exempt from the provision of the Rehabilitation of Offenders Act 1974 as its work involves older people who may be suffering from physical or mental disability. A Disclosure & Barring Service check will be required prior to acceptance for volunteers. | | | |
| **VOLUNTEERING REQUIREMENTS** | | | |
| Why do you wish to become an Age UK Cambridgeshire & Peterborough volunteer? | | |  |
| What skills or experience do you feel you can bring to our organisations? | | |  |
| Approximately how many hours per week are you available? | | |  |
| Approximately what time of day/evening are you available? | | |  |
| Please provide details of any hobbies or areas of interest you may have | | |  |
| Do you speak any other languages apart from English? | | |  |
| **REFERENCES & DBS CHECK: A Disclosure & Barring Service check (formerly CRB) plus two satisfactory references will be required before applicants may be accepted as a volunteer. Please give contact details for two referees who have known you for over two years (neither should be related to you and one should be a previous employer or professional person if possible)** | | | |
|  | | | |
| **FIRST REFERENCE:** | | | |
| Name | |  | |
| Address | |  | |
| Email Address | |  | |
| Telephone Number | |  | |
| **SECOND REFERENCE:** | | | |
| Name |  | | |
| Address |  | | |
| Email Address |  | | |
| Telephone Number |  | | |
|  | | | |
| **CONSENT: By signing and returning this application form you consent to Age UK Cambridgeshire & Peterborough using and keeping information about you or by third parties (such as referees) relating to your volunteer application. This information will be used solely in the volunteer application process. For unsuccessful applications the information will be destroyed within 6 months unless you have consented to extend this period.** | | | |
| Signature | | |  |
| Date | | |  |