**VOLUNTEER APPLICATION FORM**

Reference No:

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title: Mr/Mrs/Miss/Ms/Other\* | Surname:\* |
| First Name(s):\* |
| Address:\* |
| Phone Number:\* | Mobile Phone Number: |
| E-mail Address: | Date of Birth: |

**ACTIVITIES**

*(please circle any activities you are interested in. You may also want to enquire about volunteering*

 *in more than one area with us)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day Care**(Carlisle, Penrith, Appleby) | **Lunch Clubs**(Carlisle, Appleby, Kirkby Stephen) | **Home Day Care**(Various Areas) | **Shop Roles** (Carlisle, Brampton, Alston, Kirkby Stephen, Penrith) | **REACH** **Home visits**(Carlisle, Penrith, Appleby) |
|  | **Information & Advice**(Carlisle, Penrith) | **Reception & Shop mobility**(Penrith) | **Brampton** **Dial-A-Ride**(Brampton) | **Blue badge admin assistant**Carlisle Penrith |
| As we often have new services coming up, we may be able to consider you for new services that are being planned. Please let us know if there is anything not listed above you would like to do.  |

|  |
| --- |
| **ABOUT YOU** *In order to offer volunteer opportunities that are suitable to you - please let us know your interests, hobbies and skills, and what experiences you have that you would you like to share?* *(this may include qualifications, employment and other voluntary work)* |

As an agency working with vulnerable people, certain volunteer roles are considered exempt from the provisions of the Rehabilitation of Offenders Act 1974 and any convictions must be declared. You must disclose all previous convictions; none of these may be considered spent.

**Have you ever been convicted, warned, reprimanded or**

**YES / NO**

**cautioned for a criminal offence, or liable in a civil case?\***

(if yes, details will be required from you on a separate sheet -

in strict confidence)

**Are there any prosecutions pending?**\* **YES / NO**

(if yes, details will be required from you on a separate sheet -

in strict confidence)

**We may require a disclosure from the Disclosures and Barring Service (DBS)**

**YES / NO**

Do you give your permission for us to carry out a check?\*

**DATA PROTECTION ACT 1998**

Information on our database is **strictly confidential** and we do not pass on any personal data about you to outside organisations and/or individuals without your personal consent. Please indicate if you agree that we may:

Keep basic information from this form on computer?\*

**YES / NO**

*(for internal use only, this helps us to track your application and*

*training we offer)*

**REFERENCES**

Please give details of two people who could provide a reference for you.

They must have known you for at least 2 years and they must not be family members.

As your role may involve interaction with vulnerable people, it is important that your references are as strong as possible.

We ask that at least one of your references be from someone that knows you in a professional capacity or they have a professional role (i.e. previous employer, a volunteering role manager, religious leader, police or a nurse etc.) Please notify the people that you wish to act as referees.

If the details below are not completed, we will not be able to process your application.

|  |  |
| --- | --- |
| Name:\* | Name:\* |
| Address:\*Postcode: | Address:\*Postcode: |
| Phone No:\* | Phone No:\* |
| E-mail: | E-mail: |
| How do you know this person?\* | How do you know this person?\* |

|  |
| --- |
| As an Age UK Carlisle and Eden volunteer, we would require you to complete training relevant to your role. Please tick to show you agree to this. |

I certify that all of the information given on this form is correct:

Signature:\*

Date:\*