

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:		
Preferred method of contact: <i>(please tick)</i>	Home Phone	Mobile Phone	Email	Letter

EMERGENCY CONTACT / NEXT OF KIN

(an emergency contact is required during your volunteering with the organisation. Please fill in the details of the person you would like us to contact in an emergency)

Name:*

Address:*

Postcode:

Tel No:*

Relationship to you:

Has this person agreed to be your emergency contact?*

YES / NO

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?*

(for internal use only, this helps us to track your application and training we offer)

YES / NO

Send you updates and information about Age UK?*

YES / NO

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 (Carlisle, Penrith, Appleby)
Administration (Carlisle, Penrith)	Information & Advice (Carlisle, Penrith)	Shopmobility (Penrith)	Shopping Trips (Carlisle)	Brampton Dial-A-Ride (Brampton)

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.

AVAILABILITY

How often would you like to volunteer? *(please tick)*

Daily:	Weekly:	Monthly:	One Off:
DAY	MORNING		AFTERNOON
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday (shops only)			

Where would you like to volunteer?
(i.e. how far from your home would you be prepared to travel?)

When would you be able to begin volunteering?

DRIVING

Do you hold a full driving licence?	Yes	No
Do you have your own transport?	Yes	No
Would you be prepared to use your transport for voluntary work?	Yes	No

(Insurance - permission will be needed from your insurance company to use your vehicle for voluntary work and confirmation will need to be shown)

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)*

(please feel free to continue on a separate sheet if necessary)

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

YES / NO

(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)

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

YES / NO

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:*	Address:*
Postcode:	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:*