|  |  |  |
| --- | --- | --- |
| **Full name:** | | |
| **Address: Telephone:**  **Mobile:**  **Post Code: E-mail:** | | |
| **NEXT OF KIN: Name:**  **Relationship:** | | **Telephone:**  **Mobile:** |
| **Do you have previous experience of volunteering? Please give details:** | | |
| **Please tell us about your skills and interests:** | | |
| **Please give brief details of your present and previous occupations, and of any relevant training:** | | |
| **Which kind of volunteer activity with Age UK Derby & Derbyshire are you interested in helping in?** (tick all that apply) | | |
| A Particular service ........................................................................................................................................  A shop or office (please state which one)......................................................................................................  A service working directly with older people...................................................................................................  Something else .............................................................................................................................................. | | |
| **Please say which days/times you are available, along with where you are interested in volunteering.** | | |
| If your role will involve working with vulnerable adults, it may be necessary for you to undergo a DBS check and disclose any criminal convictions. If this is applicable to the position you apply for this will be discussed with you.  All applicants are required to confirm if they have any unspent convictions, cautions, bindovers or proceedings being instituted against you.  Yes No  Having a criminal record will not necessarily bar an individual from working with AUKDD; this will depend on the nature of the position and the circumstances and background of the offences. | | |
| **Please give names and addresses of two referees. PLEASE PRINT IN BLOCK CAPITALS**  *Note: referees should be over 18, and should not be a relation, spouse or partner to you* | | |
| Name: Address:  Email: | Name: Address:  Email: | |

Thank you for completing this form. Please sign and return it, unless otherwise indicated, to:

**Volunteer Application Form**

**CONFIDENTIAL**



**Age UK Derby & Derbyshire, 29a Market Place, Heanor, Derbyshire DE75 7EG** (Telephone 01773 768240) or email to [administration@ageukderbyandderbyshire.org.uk](mailto:administration@ageukderbyandderbyshire.org.uk)

**I agree that this information is correct and may be stored by Age UK Derby & Derbyshire for their use only**

**Signed: ………………………………………………………… Date: ......................................................**