

Age UK Volunteer Application Form

PRIVATE AND CONFIDENTIAL

Please fill in this form as completely as possible and return it to:

Angela Jellyman – HR & Volunteering Manager Age UK Gloucestershire Henley House Barnett Way Barnwood Gloucester GL4 3RT

PERSONAL DETAILS (please use capital letters if handwritten)

TITLE	FIRST NAME	SURNAME	DA	TE OF BIRTH
ADDRESS			HOME TELEPHONE	NUMBER
			DAYTIME TELEPHO	NE NUMBER
			MOBILE NUMBER	
POST CODE			E-MAIL ADDRESS	
DETAILS OF ANY ENDORSEMENTS		S	CURRENT DRIVING LICENCE?	YES / NO
			EXPIRY DATE	

HAVE YOU EVER VOLUNTEERED BEFORE?

ORGANISATION/BODY	DUTIES	
	ORGANISATION/BODY	ORGANISATION/BODY DUTIES

WHEN WOULD YOU BE AVAILABLE (PLEASE TICK ALL THAT APPLY)

Monday	Monday	Tuesday	Tuesday	Wednesday	Wednesday	Thursday	Thursday	Friday	Friday
Morning	Afternoon	Morning	afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon
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Skills/Experience relevant to the advertised opportunity

Please use this section to tell us about the skills/experience that you possess which would be of particular benefit to the advertised opportunity.

HOW DID YOU HEAR OF AGE UK GLOUCESTERSHIRE?

REFERENCES

Please note here the names and addresses of 2 referees (not family members) who can vouch for your character and suitability to work with people who may be vulnerable.

1.	2.
Daytime Contact Telephone No:	Daytime Contact Telephone No:
Email Address:	Email Address:

About yourself Tell us a bit about yourself and please include any considerations that we need to be aware of to make your time with us as pleasant, safe and comfortable as we possibly can.

HOW WOULD YOU LIKE TO HELP US?

TYPE OF HELP	TICK
Supporting a community group (e.g. Cookery, IT, Art or physical activity)	
Community Outreach – benefits outreach worker	
Visiting older people who have recently left hospital	
Supporting people to access community activity	
Assisting in the offices in Gloucester	
Talking to people in your local community	
Helping at one off events/ activities/Fundraising/open days	
Age UK Glos Ambassador	
Other – please tick this box if there is something you could help with not	
mentioned above – but that you feel would be useful to us?	

NEXT OF KIN

TITLE	FIRST NAME	SURNAME	RELATIONSHIP
ADDRE	SS	-	HOME TELEPHONE
			DAYTIME TELEPHONE
			MOBILE
POSTC	ODE	E-MAIL	

We ask everyone who wants to volunteer for our charity to disclose all convictions, including spent ones, at this stage. Work as a volunteer for Age UK is covered by the exemption order of 1975 relating to section 4(2) and section 4(3b) of the Rehabilitation of Offenders Act 1974. The information you give us will be held in strict confidence.

Do you have any criminal convictions/cautions? Yes No

If 'YES' please give details in a separate letter and send this with your application form in an envelope marked 'Confidential'.

The information you have given on this form is entirely confidential and will be kept for monitoring purposes only. The information is not divulged to any third party. The information is stored in accordance with our responsibilities under the Data Protection Act.

As a volunteer you will be expected to:

- 1. Abide by Age UK Gloucestershire's aims and objectives.
- 2. Observe Confidentiality.
- 3. Be aware of the needs of older people
- 4. Abide by any policies, systems and procedures relative to the work you are undertaking.
- 5. Arrange work times with your Co-ordinator.
- 6. Contact the Office as soon as possible if you are unable to undertake volunteering duties as previously agreed
- 7. Attend regular volunteer meetings.
- 8. Abide by the role description for the work you will be doing.
- 9. Undertake any training to enable you to carry out your volunteering work effectively and safely.

SIGNED:	DATE: