

AGE CYMRU GWENT

Service Area

Volunteer Application Form

Service use only

Title:	Name:
Address:	
Post Code:	
Home phone:	
Mobile phone:	
Email address:	
Car driver: Y/N	Own car: Y/N

How much time would you have available for volunteering?
(Please indicate times/days which are most convenient for you - this will help us to place you)

Days?	Times?

Please use this space to give us details of any experience, skills or training you have which would help us to make best use of your time. Please continue on a separate sheet if necessary and please add a CV if you feel this is appropriate.

How did you find out about voluntary work with us?

(Please tick any boxes below)

Press Advert	<input type="checkbox"/>	Leaflet	<input type="checkbox"/>
Article in Newspaper	<input type="checkbox"/>	Referred by a friend	<input type="checkbox"/>
TV/Radio	<input type="checkbox"/>	Volunteer Bureau	<input type="checkbox"/>
Exhibition	<input type="checkbox"/>	From a user of Age Cymru	<input type="checkbox"/>
Poster	<input type="checkbox"/>	Talk/Presentation	<input type="checkbox"/>
Other (please give details)			

Why would you like to volunteer? (Please tick any of the boxes below)

To gain work experience	<input type="checkbox"/>	To get involved in the community	<input type="checkbox"/>
To develop new skills	<input type="checkbox"/>	To make new friends	<input type="checkbox"/>
To build up my confidence	<input type="checkbox"/>	To maintain existing skills	<input type="checkbox"/>
To make a contribution to the community	<input type="checkbox"/>		<input type="checkbox"/>
Additional reasons or comments			

When will you be able to start volunteering?

In both the interests of yourself and the people whom you will be supporting, we require references from two referees **who have known you for at least 2 years**. One of them should know you in a professional capacity, ie, solicitor, doctor, teacher, employer etc and all referees should have agreed to supply the reference.

Please note that references from family members are not acceptable.

Name: Address: Postcode: Tel No: Relationship to you:	Name: Address: Postcode: Tel No: Relationship to you:
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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. Please note that a failure to disclose an offence at this stage may prevent you from being offered a volunteer position.

Have you ever been convicted, warned, reprimanded or cautioned for a criminal offence, or liable in a civil case? **YES/NO**

Please be aware that we may ask you to provide full personal details and proof of your identity, for a Criminal Records Bureau (CRB) disclosure.

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 express personal consent. Please indicate if you agree that we may:

Keep basic information from this form on computer? **YES/NO**

Emergency Contact:

Name:

Address:

Postcode:

Tel No:

Relationship to you:

Has this person agreed to be your emergency contact? **YES/NO**

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

Signature:

Date:

We would be grateful if you would complete and return the monitoring document on page 4. This form will be separated from your application and used for monitoring purposes only.

**Thank you for your interest in volunteering with us. This form should be returned to the HR Department, 12, Baneswell Rd
Newport NP20 4BP.**

Age Cymru Gwent
Private and confidential
Equal Opportunities Monitoring Form

Data Protection Act 1998

The information you provide on this form will be stored either on computer or in the form of manual records. It will be used by the Organisation solely to monitor the implementation of its Equal Opportunities and related employment policies. It will not be used for any other purposes or disclosed to any other organisations except in the pursuance of its statutory obligations.

Please complete this form and return it with your application form. The form will be separated from the application on receipt. Members of the shortlisting and interview panel will not have access to this information at any time.

Job title of post applied forVolunteer.....

Date

Service

Ethnic origin please tick

White	Mixed <i>White plus</i>	Asian or Asian British	Black or Black British	Chinese or other ethnic group
English <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Gypsy/traveller <input type="checkbox"/>
Scottish <input type="checkbox"/>	Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Welsh <input type="checkbox"/>	Other mixed <input type="checkbox"/>	Other <input type="checkbox"/>		
British <input type="checkbox"/>				
Other <input type="checkbox"/>				

Gender Male Female

Age 16-19[] 20-29[] 30-39[] 40-49[] 50-59[] 60-69[] 70+ []

Do you consider yourself to be transgender? Yes [] No []

Sexual orientation

Would you describe your sexuality as

Heterosexual/straight [] Gay man [] Gay woman [] Bisexual[] Other []

Do you consider yourself to be a disabled person?

Yes [] **No**[]

The Disability Discrimination Act defines disability as ' physical or mental impairment... which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'

Please indicate your religion/belief

Christian[] Buddhist [] Hindu [] Jewish [] Muslim [] Sikh [] Other []

Non religious/Atheist [] Agnostic []