

**Volunteer Application Form (over 18’s only)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your details | | | | | | | | | | | | | | | | | | |
| Title: | Surname: | | | | | | | Forenames: | | | | | | | | | | |
| Address: | | | | | | | | Email: | | | | | | | | | | |
| Telephone (Home): | | | | | | | | | | |
| D.O.B: | | | | | | | | Telephone (Mobile): | | | | | | | | | | |
| How did you find out about volunteering with us? | | | | | | | | | | | | | | | | | | |
| What volunteering roles are you interested in? Please tick all that apply. | | | | | | | | | | | | | | | | | | |
| **Helping at our shops** (Hillingdon & Brent) **16+ years** | | | | | | |  | | **Helping our Information & Advice Service** (Hillingdon, Brent & Harrow) | | | | | | | | |  |
| **Becoming a Befriender / Good Neighbour** (Hillingdon & Harrow) | | | | | | |  | | **Helping people recently discharged from hospital** (Hillingdon) | | | | | | | | |  |
| **Helping with fundraising** (Hillingdon, Brent & Harrow) | | | | | | |  | | **Helping with Reception or Admin.** (Hillingdon, Brent, Harrow) | | | | | | | | |  |
| **Helping at our Social Clubs and groups** (Hillingdon & Harrow) | | | | | | |  | | **Digital Inclusion (IT Support)** (Harrow) | | | | | | | | |  |
| **Advocacy** (Harrow) | | | | | | |  | | **Teaching New Skills** (Harrow) | | | | | | | | |  |
| Other (please state area of interest) | | | | | | | | | | | | | | | | | | |
| Do you have a valid driving license? | | | | | | | | Do you have access to a car? | | | | | | | | | | |
| When are you available to volunteer? Please tick all that apply. | | | | | | | | | | | | | | | | | | |
| Monday | | | | Am | Pm | Eve | | | | Friday | | | | Am | Pm | | Eve | |
| Tuesday | | | | Am | Pm | Eve | | | | Saturday | | | | Am | Pm | | Eve | |
| Wednesday | | | | Am | Pm | Eve | | | | Sunday | | | | Am | Pm | | Eve | |
| Thursday | | | | Am | Pm | Eve | | | |  | | | | | | | | |
| How many hours of volunteering could you commit to per week? | | | | | | | | | | | | | | | | | | |
| Why would you like to volunteer with us? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Present employment / volunteering experience | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| What is your current employment status? | | | | | | | | | | | | | | | | | | |
| Employed (F/T) | |  | Employed (P/T) | | | | |  | | | Retired |  | Student | | | |  | |
| Unemployed and seeking employment | | | | | |  | | Not currently seeking employment | | | | | | | |  | | |
| Details of other skills / interests / hobbies | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| What languages do you speak? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Disability and Health | | | | | | | | | | | | | | | | | | |
| Tell us about any health issues that may affect your voluntary activity?  We will do our best to provide placements that meet your ability. | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | |
| Please supply the name and contact details of two referees.  They should not be a family member and preferably at least one should be a current/previous employer, tutor or volunteer manager and must have known you for at least 2 years. A volunteer placement cannot be started until we are in receipt of two references. | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | 2. | | | | | | | | | | |
| Relationship to you: | | | | | | | |  | | | | | | | | | | |
| Telephone No: | | | | | | | |  | | | | | | | | | | |
| Email: | | | | | | | |  | | | | | | | | | | |
| Criminal record declaration | | | | | | | | | | | | | | | | | | |
| As an agency working with vulnerable people, some volunteer roles are considered exempt from the provisions of the Rehabilitation of Offenders Act 1974 and others are not. Please complete the relevant box for the role you would like to carry out for Age UK Hillingdon, Harrow & Brent. Please note we will also require a DBS check for some exempt roles. You should also be aware that roles may change over time and it may become necessary to request a different level of DBS. We will inform you if this is the case.  **Shop/Office/Fundraising/Driver/Social Groups/Digital Inclusion**  This post is not exempt from the Rehabilitation of Offenders Act 1974. We only ask applicants to disclose convictions which are not yet spent under the Rehabilitation of Offenders Act 1974. If you are not sure whether your convictions are spent, please contact Nacro for further advice.  **Do you have any unspent convictions? Yes  No **  **if yes,** please provide details in a separate sealed envelope/email marked CONFIDENTIAL and including your name and addressed to the Recruiting Manager.  I have attached details of my conviction separately ****  (Please mark with an X if appropriate.)  **Befriending/Information & Advice/Advocacy/ Home from Hospital**  This post is exempt from the Rehabilitation of Offenders Act 1974 and therefore applicants are required to declare any convictions, cautions, reprimands and final warnings that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).  **Do you have any convictions, cautions, reprimands or final warnings which are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? Yes  No**   **if yes,** please provide details in a separate sealed envelope/email marked CONFIDENTIAL and including your name and addressed to the Recruiting Manager.  **I have attached details of my conviction separately  (Please mark with an X if appropriate.)**  **Do you give your permission to carry out a DBS (Adult Workforce) check. Yes  No **  **If you have a valid DBS check, are you registered for the Update Service (Adult Workforce)?**  **Yes  No ** | | | | | | | | | | | | | | | | | | |
| Data Protection statement | | | | | | | | | | | | | | | | | | |
| 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. Information contained on the application form will be used to provide statistical information but will be anonymised. By completing this form and returning it to us, you are giving consent to keep your details on record. | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | |
| The information given in this application is, to the best of my knowledge, true and correct. I understand that any false declarations may lead to the withdrawal of a volunteer placement. I give permission for Age UK Hillingdon, Harrow and Brent to contact my nominated referee’s. | | | | | | | | | | | | | | | | | | |
| **Signature of applicant**: | | | | | | | | **Date:** | | | | | | | | | | |

**Please return this form to your Recruitment Manager or send to:**

Unit 2 Chapel Court, 126 Church Road, Hayes, UB3 2LW or

via email to: [volunteering@ageukhhb.org.uk](mailto:volunteering@ageukhhb.org.uk)