****

Southville Community Centre

Southville Road

Feltham

TW14 8AP

Tel: 020 8560 6969



Volunteer Application Form

Private and Confidential

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details - PLEASE PRINT IN BLOCK CAPITALS** | | | | | | | | | |
| TITLE | Mr / Mrs / Miss / Ms / Mx / Dr / Other (please state) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | |
| FIRST NAME(S) |  | | | | | | | | |
| SURNAME |  | | | | | | | | |
| Please tick if applicable: I identify as… Female 🞎 Male 🞎 Non-binary 🞎 Transgender 🞎 | | | | | | | | | |
| ADDRESS | Postcode: | | | | | Home: | | | |
| Mobile: | | | |
| Work: | | | |
| EMAIL ADDRESS | |  | | | | | | | |
| Do you have a driving licence? Yes 🞎No 🞎 | | | | | May we telephone you at work, if necessary? Yes🞎No🞎 | | | | |
| WHAT IS THE BEST WAY TO CONTACT YOU? | | | | Home phone  🞎 | | Mobile  🞎 | Email  🞎 | Post  🞎 |  |
| NATIONAL INSURANCE NUMBER | | |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **VOLUNTEER OPPORTUNITIES** - Please indicate the roles you are interested in: | | |
| **Volunteer Role** | **Summary of skills required** |  |
| Activity Volunteer | Physical -setting up and clearing away activities, moving tables and chairs. |  |
| Back office administration | Filing, photocopying, data entry, research on computer, answering/making calls |  |
| Café Volunteer | Helping in the café area, serve hot drinks, assist in serving of food |  |
| IT Tutor | Able to teach basic IT skills, working knowledge of computer/tablet/iPad/phone |  |
| Reception volunteer | Dealing with enquiries by telephone and in person, welcoming, signposting |  |
| Support Care Volunteer | Assist in the Day Provision Service |  |

**We operate our activities and services from Monday to Wednesday, 9am to 5pm. Please indicate your availability** (e.g. Monday afternoon, 1-4pm):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Disclosure & Barring Service (DBS - Criminal Records) Checks | | | | Some of our work brings us into contact with vulnerable people. For their safety, we may need to carry out a criminal records (DBS) check for certain volunteer roles. Having a criminal conviction will not automatically disqualify you from volunteering with us. | | | | Have you previously applied for / hold a DBS / CRB check ? | Yes  🞎 | No  🞎 | | If yes, when did you apply for the check? |  | | | If yes, are you registered with the DBS update service? | Yes  🞎 | No  🞎 | | Have you had a conviction, caution, reprimand or final warning? | Yes  🞎 | No  🞎 |   **References**  In the interests of yourself and the people with whom you will be volunteering with, we require a reference from two people who have known you for at least 2 years*.* **They must not be relatives.** If your circumstances mean you are unable to do so, we will be happy to discuss this further with you.  **If you can only provide a limited amount of information, an email address for your referees is the most important contact detail in order for us to process your application.**  Any issues with your references will cause delays in how soon we can start you volunteering with us – please ensure these are complete before submitting your form.   |  |  | | --- | --- | | **Reference 1** | | | NAME |  | | ADDRESS | Postcode: | | EMAIL |  | | TELEPHONE |  | | RELATIONSHIP TO YOU |  |  |  |  | | --- | --- | | **Reference 2** | | | NAME |  | | ADDRESS | Postcode: | | EMAIL |  | | TELEPHONE |  | | RELATIONSHIP TO YOU |  |   **Your information**  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 consent.  In accordance with legislation derived from the Data Protection Bill 2017, I agree that Age UK Hounslow may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this application, can be stored on both manual and computer files, with limited staff access.   |  |  | | --- | --- | | SIGNATURE |  | | DATE |  |   **Thank you for your interest in volunteering with Age UK Hounslow.**  Employment and/or Voluntary Experience (Most recent first) | | | | | | | | |
| Organisation | Role | | | Dates | | Summary of Responsibilities | | |
|  |  | | |  | |  | | |
|  |  | | |  | |  | | |
|  |  | | |  | |  | | |
| What is your current employment status? | | Employed  🞎 | | | Unemployed  🞎 | Studying / training  🞎 | | |
| If you are currently unemployed, are you on any schemes to help you back into work? | | | | | | | Yes  🞎 | No  🞎 |
| If yes, please provide the details of your supervisor: | | | | | | | | |
| Name: | | | Organisation: | | | | | |
| Email Address: | | | Telephone Number: | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| If you are studying for any qualifications or are in training, please provide the details here: | | | | | | |
| Name of Qualification | | Duration | | | Date started | Due to complete |
|  | |  | | |  |  |
|  | |  | | |  |  |
|  | |  | | |  |  |
| Do you have any of the following training or qualifications? | | | | | | |
| First Aid 🞎 | Sign Language 🞎 | | Food Hygiene 🞎 | MiDAS mini-bus driving certificate 🞎 | | |
| Do you speak any additional languages (other than English)? | | | | Yes  🞎 | | No  🞎 |
| If yes, please state the languages you speak: | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please indicate which of the following days and times you can volunteer:** | | | | |
| **DAY** | **TIME** - Morning | TICK | **TIME** - Afternoon | TICK |
| MONDAY | 9am – 1pm |  | 1pm - 5pm |  |
| TUESDAY | 9am – 1pm |  | 1pm - 5pm |  |
| WENESDAY | 9am – 1pm |  | 1pm - 5pm |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How did you hear about volunteering with us?** | | | | | |
| Do-it Website  🞎 | Press advertising  🞎 | Job Centre  🞎 | Age UK leaflet  🞎 | The Volunteer Bureau  🞎 | Family or friends  🞎 |
| Other – please specify: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What has attracted you to the idea of volunteering with Age UK Hounslow?** (Tick as many boxes as applicable) | | | | | |
| Help people  🞎 | Learn new skills  🞎 | Make new friends  🞎 | Build confidence  🞎 | Work experience  🞎 | Giving back to the community  🞎 |
| Other – please specify: | | | | | |

|  |  |  |
| --- | --- | --- |
| **Your Health** | | |
| Age UK Hounslow takes the health and safety of its volunteers as a priority. Please note that this information will not prevent you from being a volunteer, but would help us to provide support during your time volunteering with us or in the event of an emergency. Please give details of any medical condition or disability that may affect volunteering and give details of any support that we can give you as a volunteer. | | |
| Do you have any disabilities, support needs or health issues? | Yes  🞎 | No  🞎 |
| If yes, please specify: | | |

|  |  |  |
| --- | --- | --- |
| **Emergency Contact** | | |
| Please give the details of an emergency contact in case we need to contact them in an emergency: | | |
| NAME |  | |
| RELATIONSHIP  TO YOU |  | |
| ADDRESS | Postcode: | |
| TELEPHONE  NUMBER | Home |  |
| Mobile |  |
| Work |  |

**Demographics Monitoring**

Age UK Hounslow is committed to developing equality in the workplace and in the services we provide, ensuring that everyone is treated with respect and dignity and there are equal opportunities available to all. To achieve this, we collect and monitor demographics data. All information provided is private and confidential and will only be used for monitoring purposes.

**Sexual Orientation:** 🞎 Lesbian 🞎 Bisexual 🞎 Gay 🞎 Heterosexual 🞎 Asexual

**Gender. I identify as**: 🞎 Female 🞎 Male 🞎 Non-binary 🞎 Transgender

**Age:** 🞎 18-24 🞎 25-34 🞎 35-44 🞎 45-54

🞎 55-64 🞎 65-74 🞎 75-84 🞎 85+

**Do you have a long-standing (ie: for more than 12 months and likely to continue) illness or disability which affects (or limits) your day to day activities?**

🞎 Yes (please tick relevant box below) 🞎 No 🞎 Prefer not to say

🞎 Learning disability 🞎 Mental health

🞎 Sensory impairment   🞎 Physical disability

🞎 Long standing health condition 🞎 Other

**Ethnicity:**

🞎 White/British 🞎 Asian or Asian British/Indian

🞎 White/Irish 🞎 Asian or Asian British/Pakistani

🞎 White/Other 🞎 Asian or Asian British/Bangladeshi

🞎 Mixed/White & Black Caribbean 🞎 Asian or Asian British/Other Asian

🞎 Mixed/White & Black African 🞎 Black or Black British Caribbean

🞎 Mixed/White & Asian 🞎 Black or Black British/African

🞎 Mixed/Other mixed 🞎 Black or Black British/Other Black

🞎 Chinese 🞎 Other (please specify)

**Religion** (Please state): 🞎Prefer not to say

**Ward of Residence**

We would be very grateful help us by telling us what part of Hounslow you live in:

|  |  |  |  |
| --- | --- | --- | --- |
| Bedfont |  | Heston East |  |
| Brentford |  | Heston West |  |
| Chiswick Homefields |  | Hounslow Central |  |
| Chiswick Riverside |  | Hounslow Heath |  |
| Cranford |  | Hounslow South |  |
| Feltham North |  | Hounslow West |  |
| Feltham West |  | Isleworth |  |
| Hanworth |  | Osterley & Spring Grove |  |
| Hanworth Park |  | Syon |  |
| Heston Central |  | Turnham Green |  |
| Outside LB Hounslow |  |  |  |

**Thank you for your help**