|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your Details** | | | | |
| **Forename(s):** | **Surname:** | **Title:** | | **Pronouns:** |
| **Address:** | | | | |
| **Telephone Number** | **Home:** | | **Mobile:** | |
| **Work:** | | | |
| **Email:**  (If Possible) |  | | | |
| **Date of Birth:** |  | | | |
| **Ethnicity:** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact Details** | | | |
| **Forename(s):** | **Surname:** | **Title:** | **Relation:** |
| **Address:** | | | |
| **Emergency Contact Telephone Number(s):**  (If any, and if willing to be contacted at work) | **Home:** | **Mobile:** | |
| **Work:** | | |

|  |
| --- |
| **Where did you hear about volunteering with us?** |
| *Event, Outreach, Social Media, Advertisement, Supermarket, Website or Other (Please state below)* |

|  |  |
| --- | --- |
| **Volunteer Roles Available** | **Tick the role(s) you are applying for** |
| Befriending Home Visiting |  |
| Befriending Telephone |  |
| Fundraising and Events |  |
| Information and Advice |  |
| Reception |  |
| Social Groups |  |
| Donation Pot Collector |  |
| Hull 10K Race Marshall |  |
| Other (please state) |  |

|  |
| --- |
| **Why would you like to volunteer for Age UK Hull and East Yorkshire?**  *Have you got any hobbies or any experience/training that might be useful to the volunteer role?* |
| **Do you have any disabilities or particular health issues that the organisation should be aware of?** |
| **In Confidentiality: Do you have any criminal convictions?**  *YES/NO* |
| **What days/times would you be available to volunteer, and do you have any preference in location?** |

|  |  |
| --- | --- |
| **References** | |
| Please note below the names and addresses of **two people** from whom we can obtain references who you have known for a **minimum of 2 years**. *i.e. representative from your church, current/previous employer, manager or supervisor, or a friend or neighbour*  **PLEASE DO NOT ASK FAMILY MEMBERS, AS THESE ARE NOT ACCEPTED AS REFERENCES.** | |
| **Name:** | **Name:** |
| **Relationship:** | **Relationship:** |
| **Tel:** | **Tel:** |
| **Email:** | **Email:** |
| **Address:**  **Postcode:** | **Address:**  **Postcode:** |

|  |
| --- |
| **Privacy Notice**  Due to GDPR, we require your explicit written consent to be able to hold your details to be able to communicate with you. We also need your consent for Age UK, the national body, to view your file for the purpose of quality checking.  Your details will be kept secure and will not be passed on to any third party.  **From time to time, we may like to contact you, please let us know which of the following you would be happy to receive and how you would like us to contact you:**  Information on donations and legacies  Information on our services, events, and promotions, including our Christmas Shoe Box Hampers  Volunteer Newsletter  I do not wish to hear from you  Post  Email  Telephone  …………………………………… ……………...  Signed Date |

**Please return to:**

**Age UK Hull and East Yorkshire, 350 Preston Road, Hull, HU9 5HH**

**Tel: 01482 324644 Email: volunteer@ageukhull.org.uk**