

VOLUNTEERING APPLICATION

Please complete the following form for our records. If you have difficulty with any of the questions please ask us for help, contact information below:

Your Details				
Surname:		Forename(s):		Title:
Address:				
				Post Code:
Telephone Number	Home:		Mobile:	
	Work:			
E-mail: (If possible)				
Date of Birth:				
Ethnicity: (Please highlight)		White British / White Irish / Other White / Asian Indian / Asian Pakistani / Asian Bangladeshi / Other Asian / Black Caribbean / Black African / Other Black / Chinese / Mixed White and Black Caribbean / Mixed White and Black African / Mixed White and Asian / Other Mixed / Other Ethnic Group		

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

Your Background

Have you any experience or training which might be useful to your voluntary role?

Have you any disabilities or particular health issues that the organisation needs to be aware of?

Hobbies and interests?

How did you hear about Age UK Hull & East Riding?

Why would you like to volunteer for Age UK Hull & East Riding?

Do you have a background in the armed forces?

YES / NO

Your Volunteering Choices

Would you able to offer your services in any of the following:

Please select from the voluntary roles below in preference order. If you're preferred choice is unavailable at the moment, multiple role choices (up to 3) will allow us to provide an alternative until your preferred role becomes available.

Volunteer Roles	Preference e.g. 1,2,3
Befriending Telephone	
Befriending Home visiting	
Information & Advice	
Day Opportunities / Social Groups	
Telephone / Clerical	
Fundraising	

What days and times would you be available to Volunteer?

Any time you can give, however little, will be greatly appreciated.

Disclosure and Barring Service (DBS) Checks

As a requirement of the organisation, prior to commencement of your voluntary role with Age UK Hull & East Riding, you will be required to complete a DBS Check.

YES / NO

References

Please note below the names and addresses of two people from whom we can obtain references, i.e. representative from your church, current / previous employer, manager or supervisor, or a friend or neighbour you have known for a minimum of 2 years.

PLEASE DO NOT ASK FAMILY MEMBERS, AS THESE ARE NOT ACCEPTED AS REFERENCES.

Name:

Name:

Tel:

Tel :

E-mail:

E-mail:

Address:

Address:

Postcode:

Postcode:

Organisation (if applicable):

Organisation (if applicable):

Privacy Notice

Due to the new EU Data Protection regulations, we require your explicit written consent in order to be able to hold your details to be able to communicate with you. Your details will be kept securely and not passed on to any third party.

I agree to Age UK Hull & East Riding holding my details:

.....

.....

Signed

Date

Thank you for your time in completing this form

Please return to:
Age UK Hull
Silvester House
Silvester Street
The Maltings
Hull
HU1 3HA
Tel: 01482 324644

Registered Charity Number: 1101418