Logo, company name

Description automatically generated

**Volunteer Application Form**

If you have difficulty with any of the questions please ask us for help, our contact information is below

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Details** | | | | | | | |
| **Surname:** | | | **Forename(s):** | | | **Pronouns:** | **Title:** |
| **Address:** | | | | | | | |
|  | | | | | **Post Code:** | | |
| **Telephone Number** | **Home:** |  | | **Mobile:** |  | | |
| **Work:** |  | | | | | |
| **E-mail:**  (If possible) |  | | | | | | |
| **Date of Birth:** |  | | | | | | |
| **Ethnicity:**  (Pleasehighlight) | 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:** |  | | | |
| **Why would you like to volunteer for Age UK Hull?** | | | | | |
| **Have you any experience or training which might be useful to the voluntary role?** | | | | | |
| **Have you any disabilities or particular health issues that the organisation needs to be aware of?** | | | | | |
| **Do you have any hobbies or interests?** | | | | | |
| **In Confidentiality: Do you have any criminal convictions?**  **YES / NO** | | | | | |
| **Where did you hear about volunteering with us? (please tick)**   |  |  |  | | --- | --- | --- | |  | **Event/Outreach** | **What event?** | |  | **Social Media** | **Instagram/Facebook/LinkedIn/Tik Tok/Twitter (circle which one)** | |  | **Advertisement** | **Where did you see it?** | |  | **Website** | |  | **Other** |  | | | | | | |
| **Which volunteer role(s) would you like to apply for:**   |  |  |  | | --- | --- | --- | | **Volunteer Roles** | **Tick the role(s) you are applying for** | **Location:**  Hull / East Yorkshire | | Befriending Telephone |  |  | | Befriending Home Visiting |  |  | | Befriending Penpal |  |  | | Information & Advice |  |  | | Social Groups |  |  | | Office / Admin |  |  | | Fundraising |  |  | | Community Companion |  |  | | Events |  |  | | I.T Class Tutor |  |  | | | | | | |
| **What days and times would you be available to volunteer for Age UK Hull?**  Any time you can give, however little, will be greatly appreciated.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | |  |  |  |  |  |  |  | | **am / pm** | **am / pm** | **am / pm** | **am / pm** | **am / pm** | **am / pm** | **am / pm** |  |  |  |  |  | | --- | --- | --- | --- | | **Weekly** | **Fortnightly** | **Monthly** | **As and when needed** | |  |  |  |  | | | | | | |
| **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:** | | | |
| **Tel:** | | | **Tel :** | | | |
| **E-mail:** | | | **E-mail:** | | | |
| **Address:**  **Postcode:** | | | **Address:**  **Postcode:** | | | |
| **Please note*:*** *As a requirement of the organisation, some of our voluntary roles with Age UK Hull may need to complete a DBS Check.*  **Privacy Notice**  Due to 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

Email: volunteer@ageukhull.org.uk

Registered Charity Number: 1101418

|  |  |
| --- | --- |
| **Office Use Only** |  |
| Date entered on Charity Log |  |
| Date spoke with applicant |  |
| Date DBS submitted |  |
| Date of induction training |  |
| Date of start date |  |