Thank you for your interest in volunteering for Age UK Norfolk. Please complete this form and return it by post to the Volunteer Coordinator, Age UK Norfolk, The Elms Business Space, 7 The Elms, St Faith’s Road, Norwich NR6 7BP or by email to volunteering@ageuknorfolk.org.uk. The information provided in this form is strictly confidential. Please refer to our website (or ask) for a copy of our Privacy Policy.

|  |  |  |
| --- | --- | --- |
| Title: |  | Postal address (including Post Code): |
| Forenames in full: |  |
| Known as (if different): |  |
| Surname: |  |
| Email address: |  |
| Phone number: |  |

|  |  |
| --- | --- |
| Where did you hear about volunteering with Age UK Norfolk? (if a website which one?) |  |

|  |
| --- |
| What area of volunteering are you interested in? (please tick)  |
|  | Money matters |  | Benefit outreach  |  | Telephone befriending |
|  | Information & advice |  | Advocacy |  | Age UK shop Dereham |
|  | Fundraising  |  | Administration  |  | Digital inclusion |
|  | Other (please specify): |

|  |
| --- |
| Why are you interested in volunteering? (please tick) |
|  | To build confidence |  | To get involved in the community |
|  | To develop new skills |  | To maintain existing skills |
|  | To gain work experience |  | To make new friends |
| Other, please specify: |

|  |
| --- |
| Please outline any relevant skills, interests, hobbies or previous experience you have: |
|  |

|  |
| --- |
| Please give details of any relevant training undertaken or qualifications held: |
|  |

|  |
| --- |
| If you are interested in telephone befriending please answer the following two questions: |
| Please can you tell us about your interests, what do you like doing in your spare time? This helps us to match you with someone with similar interests, for example what do you like to watch on television, do you play any sport, what sort of books or magazines do you read, what sort of music do you like? Is there anything else you can think of that would help us to match you with someone with similar interests?Some of the people we call require extra understanding of their needs. Do you have any experience or training in areas such as bereavement, mental health (loneliness, anxiety etc) dementia or life limiting conditions? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you hold a valid UK Driving Licence and have access to a car? |  | Yes |  | No |

|  |
| --- |
| Do you have any health problems or disabilities which we should be aware of? |
| If yes, please give details of any support that we can offer you in your role: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Employment status |  |  Working (full-time or part-time) |  |  Unemployed |
|  |  Long-term sick/disabled |  |  Retired |

|  |  |
| --- | --- |
| When would you be able to begin volunteering? |  |
| How many hours per week are you looking to volunteer for? |  |

|  |
| --- |
|  How would you like us to communicate with you? |
|  |  Email |  |  Letter  |

Please provide details of two referees who are not directly related to you by blood or marriage, not a partner and who have known you for at least two years.

|  |  |  |
| --- | --- | --- |
| Emergency Contact | Referee 1 | Referee 2 |
| Name: | Name: | Name: |
| Address: | Address: | Address: |
| Postcode: | Postcode: | Postcode: |
| Phone Number: | Phone Number: | Phone Number: |
| Email: | Email: | Email: |
| Relationship: | Relationship: | Relationship: |

In the event of an emergency situation (please tick **ONE** of the following statements):

|  |  |
| --- | --- |
|  | I give consent for my Emergency Contact to be contacted. |
|  | I do not wish to provide Emergency Contact details and take responsibility that Age UK Norfolk will not be able to contact someone for me. |

**Criminal offences**

We ask volunteers to declare whether they have any offences that are currently unspent so we can consider whether they are relevant to the volunteering role. Many of our volunteer roles involve direct contact with Age UK Norfolk clients, some of these are roles that are in regulated activity. We will need to carry out a Disclosure & Barring Service (criminal records) check for these roles as part of the pre-volunteering check process. **Do you have any offences which are currently unspent under the Rehabilitation of Offenders Act 1974?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |

If yes, please give offence dates, dates of conviction/caution, offence types and sentence received on a separate piece of paper, returning it with this form.

**Are you allowed to volunteer in the UK?** Yes[ ] No [ ]

We may ask to see documentation proving you are eligible to volunteer within the UK.

**Personal Declaration**

I certify that all the information given on this form is correct.

|  |  |
| --- | --- |
| Date |  |
| Signature |  |

Age UK Norfolk is committed to ensuring equality of opportunity in its recruitment of staff and volunteers. As part of our monitoring process we ask for your cooperation in completing the questions on this form. We wish to assure you that the information provided:

* Will not be used as part of the selection process
* Will be regarded as confidential and will only be used for monitoring purposes

**Sex**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male |  | Female |
|  | Prefer not to say |  | Other (please specify) |

**Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Under 18 |  | 18-24 |  | 25-29 |
|  | 30-44 |  | 45-64 |  | 65-74 |
|  | 75-84 |  | Over 85 |
|  | Prefer not to say |

**Ethnic Origin**

|  |  |  |  |
| --- | --- | --- | --- |
|  | White (British) |  | White (Irish) |
|  | White (Other) |  | Black or Black British (African) |
|  | Black or Black British (Caribbean) |  | Black or Black British (Other) |
|  | Mixed (White & Black Caribbean) |  | Mixed (White & Black African) |
|  | Mixed (White & Asian) |  | Mixed (Other) |
|  | Asian or Asian British (Indian) |  | Asian or Asian British (Chinese) |
|  | Asian or Asian British (Pakistani) |  | Asian or Asian British (Bangladeshi) |
|  | Asian or Asian British (Other) |  | Other (Eastern European) |
|  | Other (Western European) |  | Other (Gypsy/Romany Traveller) |
|  | Other ethnic group (please specify) |
|  | Prefer not to say |

**Do you consider yourself to have a disability?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Prefer not to say |