

TRUSTEE APPLICATION FORM

Please return your completed form to:

Volunteer Department, Age UK Plymouth,
The William and Patricia Venton Centre, Astor Drive, Plymouth, Devon, PL4 9RD
Telephone: (01752) 256020 or by email to: volunteer@ageukplymouth.org.uk

PLEASE COMPLETE IN BLACK INK

1. PERSONAL DETAILS

Surname:	First Names:	Title
Address:	Telephone Number (s), including dial code: Home: Mobile: Other:	
Date of Birth (Optional)	Email Address:	
Are you registered disabled? YES / NO	If yes – provide relevant detail:	
Do you require additional support in order to be able to volunteer? YES / NO	If yes: describe support required:	

2. RELEVANT EDUCATION AND EXPERIENCE (if you have a degree, any other qualifications and/or experience you feel may be relevant please give details)

Qualification and Grade	Name and Address of Institution	Dates	
		From	To

3. CURRENT or Previous EMPLOYMENT

Employer's Name, Address and type of business	Dates	
	From	To
1.		
Position & Principle responsibilities:		

4. ABOUT YOU

1. Have you been a Charity Trustee before? (If so, please list details)		YES / NO	
2. Why do you want to become a Trustee?			
3. Which of the following skills or experience could you bring to the Board?	Please indicate against each relevant area whether it is your Principle skill, by writing 'P', or a secondary skill where you have experience, by writing 'S'.		
		P/S	P/S
	Human Resources		Business Management
	Financial / Accounting		Marketing / P.R.
	Fundraising		Communications
	IT		Health and Social Care
Cultural		Legal	
Please elaborate on information given above (including any membership to professional bodies):			

4. Please give further details of any personal qualities, skills, experience and knowledge that you think would make you a good Trustee (knowledge and experience can be through paid employment or voluntary/participatory activities) :

(attach additional pages if necessary)

5. Have you, or someone you know ever used services provided by Age UK Plymouth? YES / NO

6. Have you (or an organisation that you have worked for) ever worked in partnership with Age UK Plymouth? YES / NO

7. Please list any potential conflicts of interest that you are aware of:
(note: conflicts of interest will not necessarily prevent you from being a trustee)

5. REFERENCES

Please give details of two referees not related to you. Volunteers cannot commence volunteering with the Charity until two satisfactory references have been received.

Name Address	Tel No.
	Email Address
	In what capacity does this person know you?

Name Address	Tel No.
	Email Address
	In what capacity does this person know you?

6. OTHER DETAILS

Do you hold a full and current driving license? YES/NO

Have you any endorsements on your driving license? YES*/NO

*If YES please give further details

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Do you consent to a DBS Disclosure being undertaken? YES/NO

Do you know any member of Age UK Plymouth staff? YES*/NO

*If YES please give the person's name and their relationship to you

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If you have been convicted of any offence, this MUST be disclosed (unless 'spent' under the Rehabilitation of Offenders Act, 1974). Failure to do so could result in the volunteer relationship with Age UK Plymouth being brought to an end.

7. DECLARATION

<p>All the information I have given here is true and accurate. I consent to the use of all this information for considering my volunteer application, and understand that:</p> <ul style="list-style-type: none"> ▪ This is an application for a volunteer role ▪ It will be treated confidentially at all times; ▪ If I am successful it will form part of my volunteer records; ▪ If I am unsuccessful the information will be destroyed after six months. 	
Signature:	Date:

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