



Volunteer Application Form

Can you help Age UK Plymouth?

Please return your completed form to:

Volunteer Department, Age UK Plymouth, The William & Patricia Venton Centre, Astor Drive, Mount Gould, Plymouth, PL4 9RD or by email to: volunteer@ageukplymouth.org.uk

Personal Details:

Full Name:

Address:

Phone Number:

Email:

Are you registered Disabled? Yes No

If yes, please provide relevant details:

Do you require additional support in order to be able to volunteer? Yes No

If yes, please provide support required:

Can we contact you by: Phone Email SMS Post

Would you like to stay up to date with the latest news from Age UK Plymouth delivered straight to your inbox? Yes No

By signing up to our newsletter subscribers agree to receive regular updates from Age UK Plymouth. On occasion we will share information in the newsletter about organisations and businesses we are working with on specific Age UK Plymouth projects but you will only receive emails from Age UK Plymouth and we will never share your personal data with any third parties. You can unsubscribe at any time by emailing marketing@ageukplymouth.org.uk.



About You:

Why do you want to volunteer with Age UK Plymouth?

What volunteer role are you applying for?

How did you hear about volunteering with Age UK Plymouth?

Have you been a volunteer before? Yes No

If yes, please provide details:

If your application is successful, which days and times would you be available to volunteer?
(please note Saturday volunteering is only available in our catering & café department)

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Personal Statement:

Please provide further details of any personal qualities, skills, experience and knowledge that you think would make you a 'good volunteer'.



What do you like to do in your spare time?

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.

Reference 1:

Full Name:

Address:

Phone Number:

Email:

In what capacity does this person know you?

Reference 2:

Full Name:

Address:

Phone Number:

Email:

In what capacity does this person know you?

Other details:

Do you consent to a DBS check being undertaken?	Yes	No
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Do you hold a full and current driving license?	Yes	No
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Do you have any endorsements on your driving license?	Yes	No
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If yes, please give further details:

Do you know any member of Age UK Plymouth staff?	Yes	No
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If yes, please give the person's name and their relationship to you:

Do you require any additional support if selected for interview?	Yes	No
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If yes, please give further details:



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.

Declaration:

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:

- This is an application for a volunteer role
- It will be always treated confidentially
- If I am unsuccessful, I consent to the information being kept for 6 months for any suitable future roles that might become available (if no, the information will be destroyed immediately)

Yes

No

Signature:

Date:

Age UK Plymouth
Astor Drive
Mount Gould
Plymouth
PL4 9RD

t 01752 256020
e enquiries@ageukplymouth.org.uk
a ageuk.org.uk/plymouth