** Volunteer Application Form**

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| **CONFIDENTIAL** |
| **Contact Information** |
| Name |  |
| Address |  |
| Postcode |  |
| Home Phone |  | Date of Birth |  |
| Mobile Phone |  | Email |  |
|  |
| **Status** *(please tick)* |
| Working Full Time  |  | Retired |  | Student |  |  *(Please specify):*  |
| Working Part Time  |  | Unemployed |  | Other |  |
|  |
| **Availability** *(At what times are you available for volunteering, AM 9-1 & PM 1-5)* |
| Monday  | AM |  | Tuesday | AM |  | Wednesday | AM |  | Thursday | AM |  | Friday | AM |  |
| PM |  | PM |  | PM |  | PM |  | PM |  |
|  |
| **Volunteer Interest** (*Please tick those areas of volunteering you are interested in)* |
| IT Tutor |  | Café |  | Joining Forces with Friends |  | Information & Advice |  | Public Speaking (Session/s) |  |
| Activities Centre |  | Reception |  | Admin |  | Befriending |  | Other |  |
|  |
| **Employment/Volunteer Experience**  *(Please summarise any previous employment/volunteer experience)* |
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| **Skills or Interests** (*Please summarise any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports)* |
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| **Reasons for Volunteering**  |
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| **Health** *(Are there any medical conditions or health problems that would affect the type of duties you can do?)* |
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| **Criminal Record** |
| As an agency working with vulnerable people, certain volunteer roles are considered exempt from the provisions of the Rehabilitation of Offenders Act 1974 and any convictions, spent or otherwise must be declared. We undertake not to discriminate unfairly against any subject of a disclosure on the basis of conviction or other information revealed.**Have you ever been convicted, warned or cautioned for a criminal offence, or liable in a civil case?****YES / NO** *(If* ***YES,*** *please give details on a separate sheet)***We require a criminal records check through the DBS. Do you give us permission to do so? YES / NO**  |
| **General Data Protection Regulation** |
| The information you have provided on this form will be processed in line with General Data Protection Regulation. By signing below you are agreeing that a record of your information can be stored in a secure electronic management system for a period of 12 months and accessed by members of Age UK Portsmouth.  Anonymised data will be used for the purposes of statistical monitoring.  We will not record your information unless you provide your consent for us to do so however we will not be in a position to progress your application further. Yes, I give my consent to Age UK Portsmouth recording personal information about me      Initial boxNo, I do not give my consent to Age UK Portsmouth recording personal information about me            Initial box |
|  |
| **References** *(Please provide details of two people, not related to you, who we may ask for a reference. You must have known your referees for at least two years)* |
| Name |  | Name |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Telephone Number |  | Telephone Number |  |
| Relationship to you |  | Relationship to you |  |
| Email Address |  | Email Address |  |
|  |
| **Agreement and Signature** |
| By Submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omission, or other misrepresentations made by me on this application may result in my immediate dismissal. I am acting as a volunteer and I expressly confirm I am not an employee. I will not undertake any physical tasks unless I am confident and capable and have received appropriate training.Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Our Policy** |
| Due to the volume of applicants, we will endeavour to find places for volunteers, but cannot guarantee that all applications will succeed in placement. It is the policy of this organisation to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age or disability. Please return completed forms to: **The Volunteer Coordinator, Age UK Portsmouth, The Bradbury Centre, 16-18 Kingston Road, Portsmouth, PO1 5RZ** |