|  |  |
| --- | --- |
| Date |  |

**Name**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Surname |  |

**Contact Details**

|  |  |
| --- | --- |
| Address |  |
| Town |  |
| Postcode |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |
| Email Address |  |

**Next of Kin/ Emergency Contact Details**

|  |  |
| --- | --- |
| Name |  |
| Telephone Number |  |
| Relationship  |  |

**Services**

Please place an “X” in the boxes of services you would prefer to volunteer with.

Please note for some roles you made need certain skills.

You may be required to undertake free extra training or demonstrate certain expertise.

|  |  |  |  |
| --- | --- | --- | --- |
| Humphrey Booth Centre |  | Social Rehabilitation Service |  |
| Dementia Support |  | Minibus Escort |  |
| Reception |  | Information & Advice |  |
| Critchley House Shop |  | Hospital Discharge Aftercare & Reablement Service |  |
| Critchley House IT Support |  | Other (specify) |  |
| Critchley House Café |  |

**Equal Opportunities**

|  |
| --- |
| Do you have any disability or medical issues that might affect your work |
| Yes |  |
| No |  |

|  |
| --- |
| If you have answered yes to the above questions please provide further details below  |
|  |

|  |
| --- |
| Where did you hear about our volunteer opportunities?  |
|  |

**Travel**

|  |  |  |  |
| --- | --- | --- | --- |
| Ordsall & Langworthy |  | Broughton |  |
| Irlam & Cadishead |  | Swinton & Pendlebury |  |
| Weaste & Seedley |  | Worsley & Boothstown |  |
| Irlam O’t Height & Claremont |  | Warkden & Little Hulton |  |

**Availability**

|  |  |  |
| --- | --- | --- |
| **Days** | **Times AM** | **PM** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

**References**

Please give details of two references who have known you for at least two years who can comment on your ability to be a volunteer (These must not be a relative/ related by marriage or partner)

|  |
| --- |
| Reference One |
| Name |  |
| Address |  |
| Postcode |  | Tel |  |
| Email Address |  |

|  |
| --- |
| Reference Two |
| Name |  |
| Address |  |
| Postcode |  | Tel |  |
| Email Address |  |

Please note that this information will be stored on a database and will not be used for any other purpose other than volunteering with Age UK Salford

It is a condition of being a volunteer with Age UK that you are willing to complete a Disclosure and Barring Service enhanced check if it is a requirement for the service/ department at no cost to you.

Please mark/tick the box to indicate whether you have had any:

Convictions Cautions

that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers and cannot be taken into account.