**Please complete and return to our Rosemary House Centre, addressed to Kerry Moore, Chief Officer, marked ‘PRIVATE & CONFIDENTIAL’ and all application forms will be completed in the strictest of confidence.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of application:** |  | **D.O.B:** |  |
| **Full name:** | **Title:** | **Surname:** | **Forename/s:** |
| **Home****Address:** |  |
| **Postcode:** |  |
| **Telephone:** | **Home:** | **Work:** |
|  | **Mobile:** | **Email:** |
| **Car driver:** | **YES / NO** | **Have own car: YES / NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| **STATUS:** | *Please tick* |  | *Please tick* |
| **Unemployed** |  | **Student** |  |
| **Retired** |  | **Working part-time** |  |
| **Working full-time** |  | **Long-term sick/disabled** |  |
| **Please outline any previous work experience:** |
| **Other (please specify)** |

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| **What sort of role are you looking for as a volunteer at Age UK Sheppey?**We are looking for people with a wide range of abilities covering skills such as drivers/driver escorts/administration/day centre help/food and drink service and preparation. |
| **Please outline any skills/interests/hobbies/previous experience that you have.** |
| **How much time do you have available for volunteering?** (Please indicate days/times which are convenient for you).This is only a guide so that we can be sure that you are not asked to do more than you want to and you will not be held to this. We do, at times, estimate how much time volunteers put into the organisation to give our fund supporters an idea of our working capacity. |
| **Days** | **Times** |

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| **How did you find out about voluntary work with us?** |
|  | *Please tick* |  | *Please tick* |
| Press advert |  | Referred by friend |  |
| Article in newspaper |  | Facebook  |  |
| TV/Radio |  | Age UK Sheppey Website |  |
| Exhibition / Local Event  |  | From a user of Age UK |  |
| Leaflet / Poster  |  | Talk/Presentation |  |
| Other (*please give details)* |

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| **What are your reasons for volunteering?** |
|  | *Please tick* |  | *Please tick* |
| To gain work experience |  | To get involved in the community |  |
| To develop new skills |  | To make new friends  |  |
| To build up my confidence |  | To maintain existing skills |  |
| Additional reasons or comments: |

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| **When will you be able to start volunteering?** |

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| **In order that we can offer you appropriate support in your volunteer role, please advise us of any health problems or medical conditions that you think may affect the type of volunteer duties that you can do.** |

In the interests of both yourself and the people with whom you will be working, we require a reference from two referees **who have known you for at least two years, preferably an ex employer or tutor.** These referees **MUST NOT BE FAMILY MEMBERS.**

If your circumstances mean that you are unable to provide current references (e.g. you have only recently moved into the area), we will be happy to discuss this further with you.

|  |  |
| --- | --- |
| **REFEREE 1** | **REFEREE 2** |
| Name | Name |
| Address | Address |
| Postcode | Postcode |
| Tel number | Tel number |
| Email address | Email address |
| Relationship to you | Relationship to you |

**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 must be declared. You must disclose all previous convictions, none of these may be considered spent.**

**Have you ever been convicted, warned, reprimanded or cautioned for a criminal offence or liable in a civil case? YES / NO**

**If yes, details will be required from you on a separate sheet (in strict confidence)**

**We may require a Criminal Records Check (DBS). Do you give your permission for us to carry out a check? YES / NO**

|  |
| --- |
| **General Data Protection Regulation (GDPR)****Information on our database is strictly confidential and we do not pass on any personal data about you to outside organisations and/or individuals without your express personal consent. Please indicate if you agree that we may :****Keep basic information (not the contents of this page) from this form on our computerised management system? YES / NO****Send you updates and more information about Age UK? YES / NO** |
| **Emergency Contact:**Name: Address:   Postcode: Tel No: Relationship to you: Has this person agreed to be your emergency contact? YES / NO |
| **I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS FORM IS CORRECT**.Signature Date  |

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH AGE UK SHEPPEY**

*Please return this form to:*

***Kerry Moore, Chief Officer,***

 ***Age UK Sheppey***

***Rosemary House, 43 Trinity Road,***

***Sheerness, Kent ME12 2PF***