# S:\OFFICE\Logos\AUKS Logo\Age UK Southampton Logo CMYK C.jpg

**Volunteer Application Form**

|  |
| --- |
|  |

**\*indicates required field Date:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | | |
| Title | First Name(s) \* | | | | | Last Name \* | |
| Address \* | | | | | | | |
| Postcode \* | | | Telephone No \* | | | Mobile | |
| Date of birth \* | | | Gender | | | Email \* | |
| **Name and telephone number of person to contact in an emergency \*** | | | | | | | |
| **How did you hear about volunteering at Age UK Southampton?** | | | | | | | |
|  | | | | |  | | |
| Word of mouth  DO-IT  Southampton Voluntary Services  Facebook  Instagram  Linked In  Twitter | | | | | Local Radio / TV / Newspaper  Age UK Southampton website  National Age UK website  University of Southampton  Solent University  Recommended by another volunteer  Other *(please specify)…………….* | | |
| **Ethnic Group** | | | | | | | |
| White - British | | Black – British | | White - Irish | | | Black - Caribbean |
| White - European | | Black - African | | Other - Black | | | White & Black - African |
| Indian | | Pakistani | | Other - White | | | White & Black - Asian |
| Chinese | | Bangladeshi | | Other - Asian | | | White & Black - Caribbean |
| Other (*please specify*) | | | | | | | |
| **Do you speak any other languages?** | | | | | | | |
|  | | | | | | | |
| **Availability for volunteering** | | | | | | | |
| Weekday morning | | | | | Weekday afternoon | | |
| **Please note all our volunteer roles (with the exception of some fundraising events) take place during our core hours, 9am - 5pm, Monday to Friday when our services are in operation.** | | | | | | | |
| **Do you have your own transport?**  Yes No  *(please select the relevant box)*  If yes, are you happy to use it in connection with your volunteering?  Yes No | | | | | | | |
| **What area of work are you interested in?** Please note: We are a small, independent, Age UK charity based in Southampton. We deliver services to older people living in the postcode area \*SO14-SO19\* and this is where our volunteer roles are based. As a small charity, we can only reimburse expenses within the city boundary. If you live outside this area, other Age UK organisations may offer services more local to you. | | | | | | | |
| Help our Information & Advice Team to provide a range of advice and information to older people and their families/carers, including completion of Attendance Allowance, Personal Independence Payment and Blue Badge forms | | | | | Help run activities at our day-care service | | |
| Help older people identify extra money they may be entitled to and help to complete benefit assessment forms | | | | | Minute takers with previous experience | | |
| Other (**e.g. specialist skills you would like to donate - HR, communications, quality assurance, finance, training delivery, social work, health work, benefit advice)** | | | | | | | |
| Please specify- | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Why would you like to volunteer with Age UK Southampton?** | | |
|  | | |
| **Have you had any experience with voluntary work or community involvement?  If so, please give details:** | | |
|  | | |
| **What type of qualifications do you have? Are you studying at the moment?** | | |
|  | | |
| **What work experience and skills do you have? \***  **If you have a CV and you are happy to share it with us, please attach it with this form.** | | |
|  | | |
| **What are your hobbies and interests? \*** | | |
|  | | |
| **Our work is with older people who may be vulnerable. Some volunteering roles are required to have a Disclosure and Barring Service (DBS) check and we are therefore obliged to ask the following questions.** | | |
| Have you been convicted of a criminal offence at any time?  Yes  No  **If Yes, please give details** Conviction does not necessarily prevent you from being offered voluntary work | | |
| **Please give contact details for two professional referees. Please supply email addresses wherever possible as we are a small independent Age UK charity and this will help us save on postage** | | |
| Name: | Name: | |
| Address | Address | |
| Email: | Email: | |
| Tel No: | Tel No: | |
| Capacity in which known: | Capacity in which known: | |
| **Thank you for completing this application we will ensure that any information that you have provided will be treated as confidential.**  **Signed: Date:** | | |
| ***Return by email to: - preferred option***  volunteering@ageuksouthampton.org.uk | | **By post:**  Volunteer Services Team Leader  Age UK Southampton  Freemantle & Shirley Community Centre  Randolph Street  Southampton  Hampshire SO15 3HE |
| **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. The information you have provided on this form will be processed in line with the General Data Protection Regulation 2018.**  **By submitting this application, you agree to Age UK Southampton holding and using personal information about you for volunteering reasons, to keep in touch with you and to keep you up to date with other volunteering opportunities and Age UK Southampton news. This information, including that contained in this application, may be stored on both manual and computer files.** | | |