Age UK Staffordshire Volunteer Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | | | |
| Address: | | | |
| Post Code: | Date of birth: |  | |
| Telephone No: | Mobile No: | | |
| Email Address: | | | |
| Do you currently volunteer for Age UK Staffordshire or elsewhere? Yes ☐ No ☐  Please provide details (optional): | | | |
| Please indicate the types of voluntary work you are interested in:   |  |  |  |  | | --- | --- | --- | --- | | Administration |  | Charity Shop |  | | Befriending |  |  |  | | Care Navigation |  | Other (please define) | | | Children Matter |  | | Community Enabler |  | | Day Services |  |  |  | | --- | | Please provide details of any relevant training or experience: | | | | |
| Do you have the use of a car for your voluntary role? Yes ☐ No ☐  (Travel expenses can be claimed, but you will be required to inform your insurer if you use your car to volunteer, to ensure your policy covers this) | | |
| How far would you be willing to travel to volunteer? | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Where did you hear about the volunteering opportunities available with Age UK? | | | |
| Volunteer Centre |  | Website |  |
| Newspaper Advert  Which Newspaper? |  | Flyer/leaflet  Where was this picked up? |  |
| Other (please give details) | | | |

|  |
| --- |
| From what date would you be able to commence a voluntary role? |

|  |  |
| --- | --- |
| Please supply details of two referees (not family) and your relationship to them | |
| 1) Name: | Relationship to you: |
| Address: | Post Code: |
| Telephone No: | Mobile No: |
| Email Address: | |
|  | |
| 2) Name: | Relationship to you: |
| Address: | Post Code: |
| Telephone No: | Mobile No: |
| Email address: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Please give your reason/s for applying to be a volunteer. Tick any that apply to you: | | | |
| To give something back after you or family have benefited from Age UK services |  | To meet new people and make new friends |  |
| To explore a career in care |  | To develop or maintain your skills and experience |  |
| To fill spare time |  | To help develop or improve specific services |  |
| To gain some work experience |  | To maintain or improve your health and  Wellbeing |  |
| Other (please state) | | | |

**Declaration**

I understand that appointment as a volunteer will be subject to all the information in this application being complete and correct and that any false information given may invalidate this application or lead to a cessation of volunteering.

Signature: Date:

**VOLUNTEER CONSENT STATEMENT**

In order to appoint you as a volunteer Age UK Staffordshire needs to store data about you. The law says that we must obtain your consent to do this. Everything you tell us will be treated confidentially and your personal details will be processed in accordance with current Data Protection Law. Please refer to privacy notice for more details. We may need to speak to other people or liaise with other organisations in order to appoint you as a volunteer and support you in your role. We will always ask for your consent to do this, unless it is an emergency.

Please read the sentence below and, if you consent, please sign and date.

I consent to the processing of my personal data (including information about my health) by Age UK Staffordshire. I understand that my data may be securely shared with other organisations in order to comply with relevant legislation. I understand I can withdraw consent at any time.

Name of volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Keeping in touch Age UK Staffordshire would like to contact you in the future to tell you about other services we provide, our campaigns and ways in which you might like to support us. Please tick what information you would be happy to receive and by which method to receive it:

Information about the service I am volunteering on

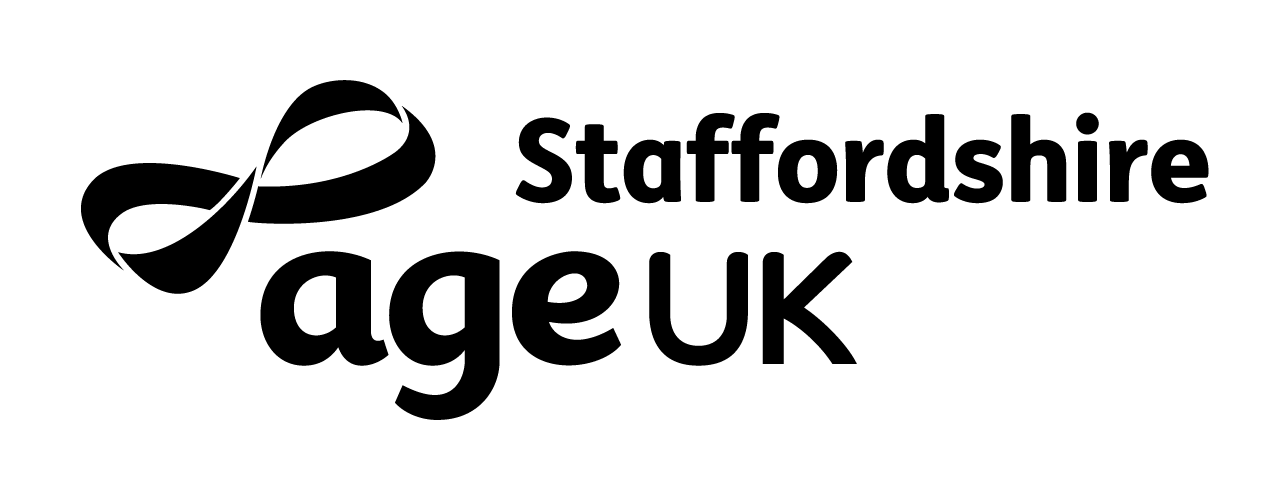
I would like to receive information by:

Post Telephone Email Text

I do not wish to receive information

We will never pass your personal details onto any third parties without your consent. Full details of our Data Protection policy are available on our website or upon request

### Please return application to: Age UK Staffordshire, 53 High Street, Stone, Staffordshire, ST15 8AD or email to: stone.shop@ageukstaffordshire.org.uk



**Equality & Diversity Monitoring Form**

Age UK Staffordshire (AUKS) wants to meet the aims and commitments set out in its Equality and Diversity Policy. This includes not discriminating under the Equality Act 2010. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only to ensure we are meeting our Equality & Diversity Policy and will play no part in the recruitment process.

**All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.**

Thank you for your assistance.

Job/Role Vacancy

Where did you hear about the job/role (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Newspaper (please specify)  ………… | [ ] | Friend | [ ] | Recruitment company | [ ] |
| AUKS website | [ ] | Other website (please specify) | [ ] | Other (please specify) | [ ] |

Gender

What is your gender (please tick)?

|  |  |
| --- | --- |
| Male | [ ] |
| Female | [ ] |
| Prefer not to say | [ ] |

(If you are undergoing gender reassignment, please use the gender you identify with.)

Ethnic group

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White:** |  | **Mixed race:** |  | **Asian or Asian British:** |  |
| British - English, Scottish or Welsh | [ ] | White and Black Caribbean | [ ] | Indian | [ ] |
| Irish | [ ] | White and Black African | [ ] | Pakistani | [ ] |
| Other White background | [ ] | White and Asian | [ ] | Bangladeshi | [ ] |
|  |  | Other Mixed background | [ ] | Other Asian background | [ ] |
| **Black or Black British:** |  | **Chinese and other groups:** |  |  |  |
| Caribbean | [ ] | Chinese | [ ] | Prefer not to say | [ ] |
| African | [ ] | Other ethnic group | [ ] |  |  |
| Other Black background | [ ] |  |  |  |  |

Age

What is your age (please tick)?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16–17 | [ ] | 18–21 | [ ] | 22–30 | [ ] | 31–40 | [ ] | 41–50 | [ ] |
| 51–60 | [ ] | 61–65 | [ ] | 66–70 | [ ] | 71+ | [ ] | Prefer not to say | [ ] |

Sexual orientation

How would you describe your sexual orientation (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual / straight | [ ] | Bisexual | [ ] | Prefer not to say | [ ] |
| Gay man | [ ] | Gay woman / lesbian | [ ] | Other | [ ] |

Religion or belief

Please describe your religion or other strongly-held belief.

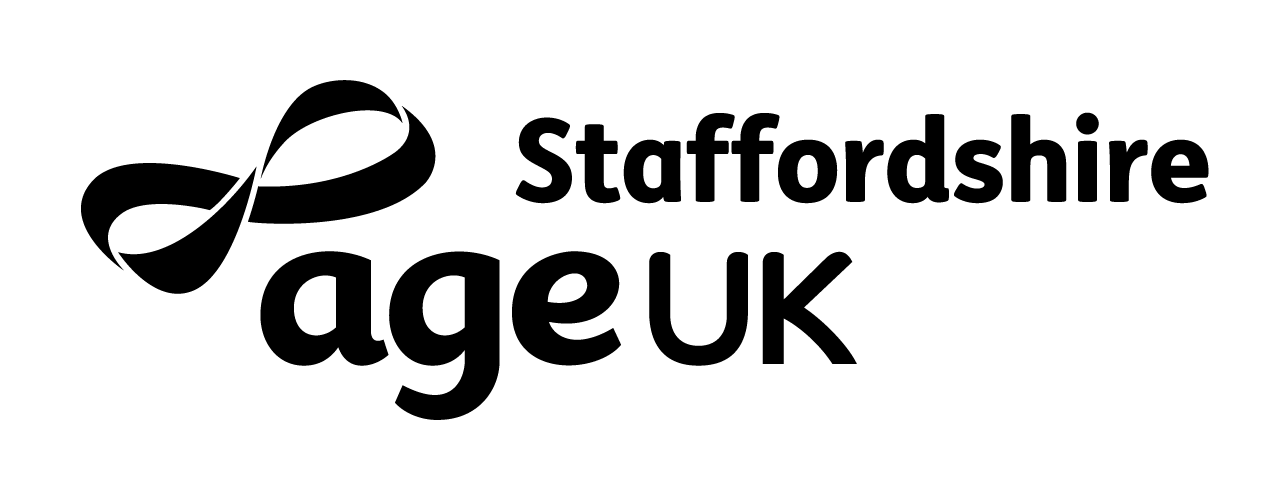
|  |  |
| --- | --- |
| I would describe my religion or belief as: | ................................................. |
| I have no particular religion or belief | [ ] |
| Prefer not to say | [ ] |

Disability

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ] | No | [ ] |
| Used to have a disability but have now recovered | [ ] | Don't know | [ ] |
| Prefer not to say | [ ] |  |  |



**Rehabilitation of Offenders Act 1974. Exceptions Order 1975**

This Act regulates the treatment and rehabilitation of offenders in relation to employment they may apply for following conviction.

The Act allows that certain convictions can be treated as ‘Spent’ after a given period of time. The individual is treated as having been rehabilitated and does not need to disclose the conviction. For more serious cases where the sentence exceeds four years’ imprisonment there is no rehabilitation period and the conviction will never be treated as ‘spent’.

However, the Act is subject to the Exceptions Order 1975 which aims to protect individuals considered vulnerable, including vulnerable adults and children. We consider that the role for which you are applying falls within the Exceptions Order.

When completing this section of the form you are therefore obliged to declare all convictions, including any which in other circumstances would be considered spent.

Have you ever been convicted of any criminal offence by a court of law?

**Yes / No**

If yes, please complete the section below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Place (Where sentence was handed down) | Offence | Sentence |
|  |  |  |  |

It is Age UK Staffordshire’s policy to obtain a criminal record check for all new employees who are subject to the Exceptions Order through the Disclosure and Barring Service.

