**Volunteer Application Form**

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| 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 |  | Positive Steps |  | | Befriending |  | Other (please define) | | | Care Navigation |  | | Children Matter |  | | Day Services |  | | Day Services - Driver |  | | Information and Advice |  |  |  | | --- | | 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? | | |

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| --- | --- | --- | --- |
| 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) | | | |

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

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| --- | --- |
| 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: | |

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| 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:

**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 will be securely shared with other organisations in order to comply with relevant legislation.**

**I understand I can withdraw consent at any time by contacting Sylvia Dunn, Head of Day Opportunities.**

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

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

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 to: Sylvia Dunn, Age UK Staffordshire, Roller Mill Teddesley Road, Penkridge

Stafford, ST19 5BD

Sylvia.dunn@ageukstaffordshre.org.uk