



FOR OFFICE USE ONLY: Date Completed:

Date entered on CharityLog:

Completed by:

CL Number:

Volunteer Registration Form

CONSENT TO HOLD DATA

In order to comply with UK Data Protection legislation, we need to ensure that we have your permission to store your personal information on our database.

I **CONSENT** for my personal information to be stored for the purposes of providing communication about volunteering

Age UK Surrey would like to keep you updated about services, news, activities and events for volunteers. I am happy to receive information by (tick ALL that apply):

Email

Telephone

Text

Post

I **DO NOT** wish to receive information by post from Age UK Surrey about services, news, activities and events.

Name:

Date:

APPLICATION FORM

First Name:

Last Name:

Gender: Male

Female

Ethnicity:

Address:

Telephone:

Mobile:

Email:

Date of birth:

Car Driver: Yes

No

Distance willing to travel:

Status (Please tick):

Unemployed:

Student:

Retired:

Working Part-time:

Working Full-time:

Long Term Sick/Disabled:

Other (please specify):

What are your reasons for volunteering? (Please tick any of the boxes below)

The Age UK Surrey charitable cause:

Work experience:

To add skills to my CV:

To meet new people:

Other (please specify):

How did you find out about us? (Please tick any boxes below):

Website:

Leaflet:

Volunteer Centre:

Referred by a friend:

Newspaper/Poster:

Other (please specify):

Your availability:**AM / times****PM / times**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

In line with our policy we may require you to undergo a DBS check depending on the role. Please confirm that you agree to this:

Yes

No

Do you have any unspent convictions as defined by the Rehabilitation of Offenders Act 1974. *If yes, please provide more details in a sealed envelope. Please note that having a conviction will not necessarily stop you from volunteering.*

Yes

No

Do you have any mobility problems? Any health needs that you want to share with us so that we can better support you?

Yes

No

If yes, please provide details in box:

Do you have a conflict of interest with any other organisation where you work or volunteer and what might this be?

Yes

No

If yes, please provide details in box:

The volunteer role applied for (if appropriate) or roles that interest you:**Please tell us a bit about yourself, hobbies and interests, including any specialists skills and experience to support your volunteering role:****Name & contact details of 2 Referees, who have known you for at least two years and are NOT family members:**

Full Name:

Full Name:

Email:

Email:

Telephone No:

Telephone No:

Relationship
to you:Relationship
to you:**I certify that all of the information given on this form is correct.****Name/e-signature:****Date:****Thank you for taking the time to fill in this form and for your interest in volunteering for Age UK Surrey.**