# Volunteer Application Form

## Your details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Title (Mr/Mrs/Ms): |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Town |  | Post code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |
| --- |
|  |
| **How would you prefer we contact you?** | |  |

|  |  |  |
| --- | --- | --- |
| TELEPHONE | EMAIL | LETTER |

|  |  |
| --- | --- |
| Do you have any other communication preferences/requirements? E.g. large font, louder volume: |  |
|  |

**How did you hear about volunteering with Age UK Sutton? (Check all that apply)**

Google/online search/Age UK Sutton website

Volunteer Connect website

Email from Age UK Sutton

Social Media - Facebook, Twitter

Age UK Sutton staff/volunteer

Word of mouth

Print advertising - newspaper/magazine

Poster/leaflet

Other (please give details below)

## Volunteering with Age UK Sutton

**Which volunteer roles are you interested in? (Check all that apply)**

Home from Hospital Support Volunteer

Information & Advice Service Volunteer

Information & Advice Adviser

Receptionist

**Please give your reasons for wishing to become a volunteer and include any skills and experience you would bring to Age UK Sutton. Include details of previous volunteering activity, work experience, skills, hobbies, interests etc.**

|  |
| --- |
|  |

**Please tell us about your availability to volunteer**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Availability | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| If you wish, you can use this space to provide more details about your availability | | |  | | | | |

## Further details

|  |  |  |
| --- | --- | --- |
| Do you have a current driving licence? | YES | NO |
| Do you own your own car? | YES | NO |
| Do you have a Blue Badge? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Do you have any health, disability mobility or access needs we should be aware of, e.g. for going to events or using public transport? | YES | NO |
| If yes, please give details: |  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |  |
| --- | --- | --- |
| Do you require us to make any reasonable adjustments to facilitate your carrying out your role as a volunteer? | YES | NO |
| If yes, please give details: |  |  |

|  |  |  |
| --- | --- | --- |
| Are you a carer for another adult or child/children? | YES | NO |
| If yes, whom do you care for: |  |  |

|  |  |  |
| --- | --- | --- |
| Do you have any dietary requirements or food allergies that you would like us to know about (for catering purposes)? | YES | NO |
| If yes, please give details: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| What is your current employment status? | | | |
| EMPLOYED/SELF-EMPLOYED | RETIRED | NOT IN WORK | LOOKING FOR WORK |
| Present/previous occupation | |  | |

## References

Please give details of two persons who we may approach in confidence for references. **Preferably an employer** (past or present), **a professional** (e.g. GP, Solicitor, Teacher, Manager), **or Organisations** you have previously assisted in a voluntary capacity.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Relationship: |  | | |
| Email: |  | Phone: |  |
| Address and postcode : |  |  |  |
|  |  |  |  |
| Full Name: |  | | |
| Relationship: |  | | |
| Email: |  | Phone: |  |
| Address and postcode : |  |  |  |

## Criminal Record

As a volunteer working with Age UK Sutton you may be working with older people who may be frail and vulnerable.

An organisation working with vulnerable people is exempted under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). Volunteers with Age UK Sutton are required to declare any previous criminal conviction; even those which would normally be considered spent under the Act.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you any previous convictions? | | YES | NO |  |
| If yes, please detail ‘spent’ convictions as follows: |  | | | |
|  | | | |
| Failure to disclose any criminal offences or Mental Health Act Orders could lead to your application as a volunteer being rejected or, if you are appointed, to your removal from our scheme of volunteers. However, disclosure of an offence or Order will not necessarily exclude you from consideration and will be held in confidence by Age UK Sutton | | | | |

## Final declaration and Signature

I certify that the information in this application form is true and correct to the best of my knowledge and belief, and understand that the giving of false or misleading statements or withholding material information may result in termination of my volunteering placement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print name |  |  |  |