

## 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)
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**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

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**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:

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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:

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Are you a carer for another adult or child/children? YES  NO

If yes, whom do you care for:

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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:

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What is your current employment status?

EMPLOYED/SELF-EMPLOYED  RETIRED  NOT IN WORK  LOOKING FOR WORK

Present/previous occupation

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### 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 \_\_\_\_\_