

# Volunteer Application Form

<b>Title</b>	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Other
<b>First name(s)</b>					
<b>Surname</b>					
<b>Address</b>					
<b>Town</b>					
<b>County</b>					
<b>Postcode</b>					
<b>Date of Birth:</b>					
<b>Home Phone number</b>					
<b>Mobile Phone number</b>					
<b>E-mail address</b>					

**How did you hear about Age UK West Cumbria?**

**Please give details of any past employment, skills or interests you have, or any previous volunteering experience and why you wish to volunteer.**

**Please indicate what volunteer role you wish to undertake.**

Please return completed form to:  
Volunteering, Age UK West Cumbria, Old Customs House, West Strand, Whitehaven, Cumbria, CA28 7LR or email [volunteering@ageukwestcumbria.org.uk](mailto:volunteering@ageukwestcumbria.org.uk)

## VOLUNTEER EMERGENCY CONTACT DETAILS

In the event of an emergency please contact the following:

**Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel Numbers: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

Please supply any further information you feel might be helpful in the event of an emergency e.g. Regular medication taken, neighbours/key holders for your home.

**Do you have any medical conditions which might affect the kind of volunteering you can do?**  
 Yes     No  
 If so please give details, or discuss this with your volunteer manager

**Have you any convictions (including spent convictions under the Rehabilitation of Offenders Act 1974)?**

Yes  No

*If yes, please give full details and include dates where possible.*

.....  
 .....  
 .....

**Please state when you would be available**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I declare that the information given on this form is to the best of my knowledge and belief true and complete.**

**Signed**..... **Date**.....

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## REFERENCES

Please give 2 People (other than relatives or partner) who would be prepared to act as referees:

### REFEREE1:

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>E-Mail address</b>	
<b>In what capacity do they know you?</b>	

### REFEREE 2:

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>E-Mail address</b>	
<b>In what capacity do they know you?</b>	

## VOLUNTEER DRIVERS ONLY:

**1. Do you have your own vehicle available to use for voluntary driving?**

Yes       No

Type of vehicle: \_\_\_\_\_

**If yes, are you insured to use your vehicle while volunteering?**

Yes       No

**2. What type of driving licence do you have?**

- |                                          |                                      |                                     |
|------------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Car Automatic   | <input type="checkbox"/> HGV Class 1 | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Car Full        | <input type="checkbox"/> HGV Class 2 | <input type="checkbox"/> PSV/Coach  |
| <input type="checkbox"/> Car Provisional | <input type="checkbox"/> HGV Class 3 |                                     |

Do you have any current driving Endorsements on your licence?     Yes     No

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## MONITORING INFORMATION

To make sure that we are serving all sectors of the community, please help us by completing the following equal opportunities monitoring information. The information in this section is confidential and will be used for statistical purposes only.

### DISABILITY

Would you classify yourself as having a disability?

- No       Yes

### GENDER

- Female       Male

### EMPLOYMENT STATUS

- |                                             |                                        |                                             |
|---------------------------------------------|----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Self employed | <input type="checkbox"/> Employed part-time |
| <input type="checkbox"/> Student            | <input type="checkbox"/> Houseperson   | <input type="checkbox"/> Unable to work     |
| <input type="checkbox"/> Non-employed       | <input type="checkbox"/> Unemployed    | <input type="checkbox"/> Retired            |

### ETHNIC ORIGIN

- |                                               |                                                    |
|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Any Other Background | <input type="checkbox"/> Pakistani                 |
| <input type="checkbox"/> Bangladeshi          | <input type="checkbox"/> White and Asian           |
| <input type="checkbox"/> Black African        | <input type="checkbox"/> White and Black African   |
| <input type="checkbox"/> Black Caribbean      | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Chinese              | <input type="checkbox"/> White British             |
| <input type="checkbox"/> Indian               | <input type="checkbox"/> White British (English)   |
| <input type="checkbox"/> Other Asian          | <input type="checkbox"/> White British (Scottish)  |
| <input type="checkbox"/> Other Black          | <input type="checkbox"/> White British (Welsh)     |
| <input type="checkbox"/> Dual Heritage        | <input type="checkbox"/> White Irish               |
| <input type="checkbox"/> Other White          |                                                    |

### AGE RANGE

- |       |                          |       |                          |
|-------|--------------------------|-------|--------------------------|
| 16-25 | <input type="checkbox"/> | 26-35 | <input type="checkbox"/> |
| 36-45 | <input type="checkbox"/> | 46-55 | <input type="checkbox"/> |
| 56-65 | <input type="checkbox"/> | 65+   | <input type="checkbox"/> |

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## Confidentiality code of practice

The following notes on confidentiality are issued to all staff and volunteers of Age UK West Cumbria.

1. All information concerning users is **CONFIDENTIAL**
2. Information must **NOT** be disclosed to anyone other than in the following circumstances:-
  - 2.1. with the users and/or referrer's consent
  - 2.2. to work with others in the service (voluntary or paid), to the extent needed to enable them to carry out their work.
  - 2.3. to others involved in care work with the client, to the extent needed to enable them to carry out their work. Examples are Health Workers, Social Workers, other Voluntary Organisations.
  - 2.4. in exceptional circumstances when the need to protect the health and welfare of the user or another person overrides the user's right to confidentiality. Under these circumstances the Chief Executive or Service Manager only may authorise the disclosure.
  - 2.5. when disclosure is required by law.
3. Information supplied by a Doctor or another Health Worker should not be disclosed to the user without the professional's consent.
4. whenever you are not sure whether information should be disclosed, you must consult your line manager.

I confirm that I understand and agree to abide by the Confidentiality Code of Practice and Policy statement.

|

Signed.....

Date.....

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# Volunteer Application Form

Date: .....

## AGE UK OFFICE USE ONLY

<b>Form submitted by:</b>				
<b>Name:</b>				
<b>Workbase:</b>				
<b>Role:</b>				
<b>Ref 1 date sent:</b>	<b>Ref 1 date returned:</b>	<b>Ref 2 date sent:</b>	<b>Ref 2 date returned:</b>	<b>Start Date:</b> <b>Volunteer Line Manager:</b> <b>Project:</b> <b>Role undertaken:</b>
<b>DBS submitted:</b>		<b>DBS Returned:</b>		<b>Average Hrs/Week:</b>
<b>Form Ref number:</b>		<b>DBS Renewal Date:</b>		<b>Handbook Issued:</b>
				<b>Confidentiality form signed: Yes/No</b>
<b>Induction Training Letter sent:</b>		<b>Induction Training Date Completed:</b>		<b>Follow up Training Attended:</b>

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