

## Volunteer Application Form

<b>Volunteering Role if known (e.g. Day Centre):</b>
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<b>Title:</b>	<b>Name:</b>		
<b>Address:</b>			
<b>Post Code:</b>			
<b>Telephone - Home:</b>	<b>Work:</b>		
<b>Mobile:</b>	<b>Email address:</b>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>Car driver: YES/NO</b></td> <td style="width: 50%; padding: 2px;"><b>Have own car: YES/NO</b></td> </tr> </table>	<b>Car driver: YES/NO</b>	<b>Have own car: YES/NO</b>
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<b>Please tick which of these applies to you (volunteering should not affect any benefits you receive)</b>					
Unemployed	<input type="checkbox"/>	Working Part-Time	<input type="checkbox"/>	Student	<input type="checkbox"/>
Long Term Sick/Disabled	<input type="checkbox"/>	Working Full-Time	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Other (please specify)					

<b>Outline any skills, interests, hobbies, previous experience</b>

<b>How much time do you have available for volunteering?</b>							
<i>(Please tick times/days which are convenient for you – this is a guide and not a firm commitment as there is flexibility with many roles regarding when the time is given)</i>							
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other time factors when you are available to volunteer (eg. schooldays only, school holidays only, certain months, maximum number of hours per day/week)							

**For Office Use Only**

<b>Refs taken:</b>	<b>Ref 1 received:</b>	<b>Ref 2 received:</b>	<b>ID check:</b>
<b>Interview:</b>	<b>CRB:</b>	<b>Welcome letter:</b>	<b>Start date:</b>

<b>How did you find out about voluntary work with us?</b> (Please tick any boxes below)			
Press Advert	<input type="checkbox"/>	Leaflet	<input type="checkbox"/>
Article in Newspaper	<input type="checkbox"/>	Referred by a friend	<input type="checkbox"/>
TV/Radio	<input type="checkbox"/>	Volunteer Bureau	<input type="checkbox"/>
Exhibition	<input type="checkbox"/>	From a user of Age Concern	<input type="checkbox"/>
Poster	<input type="checkbox"/>	Talk/Presentation	<input type="checkbox"/>
Other (please give details)			

<b>When will you be able to start volunteering?</b>
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<p><b>Medical Conditions</b></p> <p>In order that we may offer you appropriate support in your volunteer role, please advise us of any health problems or medical conditions that you think may affect the type of volunteer duties that you can do.</p>
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<p><b>References</b></p> <p>In both the interests of yourself and the older people with whom you will be working, we need to obtain a reference from two people <i>who have known you for at least 2 years</i>. <b>These referees must not be family members or partners.</b> If you have been employed within the last three years please give that employer as one of your referees.</p> <p><b>If your circumstances mean that you are unable to provide current referees, we will be happy to discuss this further with you.</b></p>
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<p>Name:</p> <p>Address:</p> <p>Postcode:</p> <p>Tel No:</p> <p>Relationship to you:</p>	<p>Name:</p> <p>Address:</p> <p>Postcode:</p> <p>Tel No:</p> <p>Relationship to you:</p>
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### Convictions

Your role as a volunteer involves contact with vulnerable older people, so you are required by the Rehabilitation of Offenders Act 1974 to declare all convictions, including spent convictions.

Have you ever been convicted, warned, reprimanded or cautioned for a criminal offence, or liable in a civil case? **YES/NO**

If yes, please give details including date, court and nature of offence \_\_\_\_\_

\_\_\_\_\_

As a volunteer for Age Concern Shropshire Telford & Wrekin we may require a Criminal Records Bureau (CRB) disclosure, depending on your role.

Have you had a CRB disclosure during the last 6 months? **YES/NO**

If NO or not of the appropriate level, and your role requires it, we will help you complete the necessary paperwork but you will need to provide approved proof of identity. Convictions will not automatically exclude you from volunteering.

### Data Protection Act 1998

Information on our database is **strictly confidential** and we do not pass on any personal data about you to outside organisations and/or individuals without your express consent. Please indicate if you agree that we may:

Keep basic information from this form on computer? **YES/NO**

Send you updates and more information about Age Concern? **YES/NO**

### Emergency Contact

Name:

Address:

Postcode:

Tel No:

Relationship to you:

Has this person agreed to be your emergency contact? **YES/NO**

### Declaration

I certify that all of the information given on this form is correct. I agree to treat any information given to me in regard to my voluntary work for Age Concern as confidential.

Signature:

Date:

**Car Driver Details (Please complete this section if you have a car available for use as part of your volunteering role)**

Your age \_\_\_\_\_ Are you prepared to carry a wheelchair? YES/NO

Make of Vehicle (4 or 2 door) \_\_\_\_\_

I declare that (please delete any that do not apply):

- I hold a full UK driving licence
- My car insurance policy is valid and covers me for voluntary work
- My car is taxed and has a valid MOT certificate
- I have no current driving endorsements and that no proceedings are pending which might lead to such endorsements
- If at any time my driving licence, insurance policy or MOT certificate becomes invalid, I will notify my Age Concern contact

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_

**Minibus Driver Details (Only complete this section if you are volunteering as a minibus driver)**

Your age \_\_\_\_\_ I declare that:

- I hold a full UK driving licence
- I have no current driving endorsements and that no proceedings are pending which might lead to such endorsements
- If at any time my driving licence becomes invalid, I will notify my Age Concern contact

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_

**Thank you for your interest in volunteering with Age Concern**

**Please return this form to:**  
Volunteer Recruitment Officer  
Age Concern Shropshire Telford & Wrekin  
3 Mardol Gardens  
Shrewsbury  
SY1 1PR