

VOLUNTEER APPLICATION FORM

Title: Name:

Address:

.....

Post Code: Date of Birth:

Telephone: Mobile:

Email:

Do you hold a current driving licence? Do you have a car?

Please give brief details of any work experience/skills you may have, including any voluntary work you may have undertaken:

Please tick any of the following types of voluntary work that may interest you:

- | | | | | | |
|------------------|--------------------------|---------------|--------------------------|-------------------------|--------------------------|
| Befriender | <input type="checkbox"/> | Home Shopper | <input type="checkbox"/> | Active Networks support | <input type="checkbox"/> |
| Welfare Benefits | <input type="checkbox"/> | Administrator | <input type="checkbox"/> | Information & Advice | <input type="checkbox"/> |
| Advocate | <input type="checkbox"/> | Driver | <input type="checkbox"/> | Neighbourhood Volunteer | <input type="checkbox"/> |
| Fundraiser | <input type="checkbox"/> | Charity Shop | <input type="checkbox"/> | | |

How much time would you be able to give?

How did you find out about Voluntary work with Age Concern? (Please tick)

- | | | | | | |
|----------|--------------------------|-------------------|--------------------------|----------------------------|--------------------------|
| Press | <input type="checkbox"/> | Leaflet | <input type="checkbox"/> | Referred by a Friend | <input type="checkbox"/> |
| TV/Radio | <input type="checkbox"/> | Exhibition | <input type="checkbox"/> | Volunteer Bureau | <input type="checkbox"/> |
| Poster | <input type="checkbox"/> | Talk/Presentation | <input type="checkbox"/> | From a user of Age Concern | <input type="checkbox"/> |

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.

We require a reference from two referees **who have known you for at least 2 years.** Please give details of these (excluding relatives) who we can contact:

Name: Name:
Address: Address:
.....
.....
P/Code:Tel: P/Code:Tel:

Emergency Contact:

Name: Relationship:
Address:.....
Tel No: Mobile:

As an agency working with vulnerable people, certain volunteer roles are considered exempt from the provisions of the Rehabilitation of Offenders Act 1974 and any convictions must be declared. You must declare all previous convictions; none may be considered spent.

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

If yes, details will be required from you on a separate sheet and kept in strict confidence.

We may require a criminal records check, Do you give your permission for us to carry out a check? **YES/NO**

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 personal consent. Please indicate if you agree that we may:

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

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

I confirm that all the information given on this form is correct.

Signed:..... Date:.....

Please return this form in the prepaid envelope provided. Thank you for your interest in Age Concern Isle of Wight