



Volunteer Application Form

Volunteering Role (if known):

Title	First Name	Surname
Address:		
Post Code:		
Telephone: Home:		Mobile:
Email:		

Car driver: YES/NO	Have own car: YES/NO
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Please tick which of these applies to you (*volunteering should not affect any benefits you receive*)

Unemployed	Working Part-Time	Student
Long Term Sick/Disabled	Working Full-Time	Retired
Other (please specify)		

Outline any skills, interests, hobbies, previous experience

How much time do you have available for volunteering?
 (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)

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							

Other time factors when you are available to volunteer (eg. schooldays only, school holidays only, certain months, maximum number of hours per day/week)

How did you find out about voluntary work with us?

When will you be able to start volunteering?

Medical Conditions

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.

References

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 who have known you for at least 2 years.

These referees must not be family members or partners.

If you have been employed within the last three years please give that employer as one of your referees.

If your circumstances mean that you are unable to provide current referees, we will be happy to discuss this further with you.

Name:

Address:

Postcode:

Tel No:

Email:

Relationship to you:

Name:

Address:

Postcode:

Tel No:

Email:

Relationship to you:

Emergency Contact

Name:

Address:

Tel No:

Relationship to you:

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, details will be required from you on a separate sheet (in strict confidence)

As a volunteer for Age Concern Petersfield & District we may require a Disclosure and Barring Service check (DBS), depending on your role.

Have you had a DBS disclosure during the last 6 months?

YES/NO

If NO, or the DBS check is 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.

General Data Protection Regulations 2018

To comply with the General Data Protection Regulations 2018 we seek your consent to process your personal data.

Data from this form is used solely by Age Concern Petersfield & District. This information is strictly confidential, stored securely, and we do not pass on any of your personal data to outside organisations and/or individuals without your express consent.

This information on this form is used for recruitment purposes and by signing this form you consent to that. Basic contact information is then taken from this form and stored on our central database and shared with Age Concern Petersfield & District personnel that run the services you are volunteering for.

We store your contact details so that we can liaise with you about all aspects of your role, organise rotas, invite you to meetings, and inform you of anything else that ensures our services run smoothly. We also like to keep you up to date on what is happening across the charity so that you feel part of our wider team.

Please indicate if you agree that Age Concern Petersfield & District may:

Store basic contact information from this form on our central database	Yes/No
Share your contact details with other Age Concern Petersfield & District personnel appropriate to your role or the service you are volunteering for	Yes/No
Send you updates about Age Concern Petersfield & District so that you are kept informed of charity news, meetings and events.	Yes/No

If you have consented to the above please let us know how we can contact you. Please tick all that apply:

Post Email Phone Text

You are entitled to request a copy of the records we hold for you at any time. You are also entitled to change or withdraw your consent at any time. Please use our contact details provided at the end of this form.

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 Petersfield and District 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 date of birth _____ 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 date of birth _____ 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:

Sheridan Rocher, Manager
Age Concern Petersfield & District
Winton House Centre, 18 High Street,
Petersfield, GU32 3JL
Tel: 07852 172998

sheridan.rocher@ageconcernpetersfield.org.uk

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