

Volunteer Application Form

This form is private and confidential. [see Data Protection note on last page].

**Please complete and return by email or print out and complete and return to the centre, as above, addressed to The Chief Officer and marked:
Private and Confidential VAF**

Title:	Name:	Date of Birth / /	
Address:			
Postal Code:			
Telephone - Home:		Work:	
Mobile:		Email address:	
		Car driver: Y/N	Have own car: Y/N

Status (Please Tick)					
Unemployed	<input type="checkbox"/>	Student	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Working Part-Time	<input type="checkbox"/>	Working Full-Time	<input type="checkbox"/>	Long Term Sick/Disabled	<input type="checkbox"/>
Other (please specify)					

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Outline any skills, interests, hobbies, previous experience

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How much time do you have available for volunteering?

(Please indicate times/days which are convenient for you)

This is only a guide so that we can be sure that you are not asked to do more than you want to. You will not be held to what you put. We do, at times, estimate how much time volunteers put into the organisation to give funders an idea of our working capacity.

Days?

Times?

For Office Use Only

Accepted Y/N	References taken:	References received:
CRB:	Start date:	Welcome letter:

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How did you find out about voluntary work with us?

(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)			

What are your reasons for volunteering? (Please tick any of the boxes below)

To gain work experience	<input type="checkbox"/>	To get involved in the community	<input type="checkbox"/>
To develop new skills	<input type="checkbox"/>	To make new friends	<input type="checkbox"/>
To build up my confidence	<input type="checkbox"/>	To maintain existing skills	<input type="checkbox"/>
Additional reasons or comments			

When will you be able to start volunteering?

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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.

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In both the interests of yourself and the people with whom you will be working, we require a reference from two referees **who have known you for at least 2 years**. These referees ***MUST NOT BE FAMILY MEMBERS***.

If your circumstances mean that you are unable to provide current references (e.g. you have only recently moved into the area), we will be happy to discuss this further with you.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
Relationship to you:	Relationship to you:

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 disclose all previous convictions; none of these 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 (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 ACOT's computerised Management System ? **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**

I certify that all of the information given on this form is correct

Signature:

Date:

Thank you for your interest in volunteering with Age Concern.

Please return this form to:

By email or post to,

The Chief Officer, ACOT, 2 Crediton Road, Okehampton EX20 1LU

marked: Private and Confidential VAF