

# Volunteer Application Form

(Confidential)

Name.....

Date.....

Address.....

.....

..... Post Address ..... Tel.....

Date of Birth.....

When are you available to volunteer? (*please tick*)

	MON	TUES	WED	THURS	FRI	SAT	SUN
a.m.							
p.m							
evening.							

How much time would you like to give?

.....

Do you have any particular interests you would like to pursue through volunteering?

.....  
Do you have any skills or previous experience which might be useful in your volunteering?

.....  
Do you have any health problems which may affect you work as a volunteer? No Yes..

.....  
Is there any voluntary activity you wish to avoid? No Yes..

**Would you be interested in helping with any of the following:**

- widows
- young people
- elderly people
- people in prisons
- people with health problems

(*If working with children or vulnerable adults you may be required to have a police check.*)

**What type of voluntary activity are you interested in?**

- art
- administrative/advice work
- committee work
- driving(see separate form)
- meals on wheels
- music

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> advocacy          | <input type="checkbox"/> decorating  | <input type="checkbox"/> schools                 |
| <input type="checkbox"/> basic odd jobs    | <input type="checkbox"/> environment | <input type="checkbox"/> shopping                |
| <input type="checkbox"/> basic skills      | <input type="checkbox"/> escorting   | <input type="checkbox"/> sitting-in for care's   |
| <input type="checkbox"/> befriending       | <input type="checkbox"/> first aid   | <input type="checkbox"/> wheelchair pushing      |
| <input type="checkbox"/> charity shop work | <input type="checkbox"/> fundraising | <input type="checkbox"/> working with animals    |
| <input type="checkbox"/> conservation      | <input type="checkbox"/> gardening   | <input type="checkbox"/> others (please specify) |
| <input type="checkbox"/> counselling       | <input type="checkbox"/> hospital    | <input type="checkbox"/>                         |

To help us with our equal opportunity monitoring to ensure we are delivering a service to the whole community, we would be grateful if you would take a little time to fill in the following:

<b>Gender:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
<b>Age:</b>	<18 <input type="checkbox"/> if yes, how old?.....	<b>Status:</b>	<b>Ethnicity:</b>
	18-25 <input type="checkbox"/>	Employed <input type="checkbox"/>	Asian <input type="checkbox"/>
	26-35 <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Black <input type="checkbox"/>
	36-50 <input type="checkbox"/>		White <input type="checkbox"/>
	51-65 <input type="checkbox"/>	Student <input type="checkbox"/>	Other <input type="checkbox"/>
	>65 <input type="checkbox"/> if yes, how old?.....	Retired <input type="checkbox"/>	

Would you please supply us with the names and addresses of 2 referees, **one of whom should be a professional**, such as your employer, tutor, social worker, solicitor and not a relative or friend.

Referees

Name .....	Name .....
Address .....	Address .....
.....	.....
.....	.....
Tel No.....	Tel No.....
Relationship to volunteer:	Relationship to volunteer:
.....	.....

**2. Criminal Record Checks**

Will be necessary if you are likely to work unsupervised with children or vulnerable adults in the community.

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### **3. Confidentiality.**

Volunteers are reminded that any confidences they may come across in the course of their work should be kept, however insignificant they may seem.

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- I confirm that the information given in this registration form is true and accurate.
- I do / do not agree that this information may be passed on to other voluntary groups.
- I do / do not want my references to be passed on to other groups.

Signed..... Date.....