

AGE CONCERN MOLE VALLEY VOLUNTEER APPLICATION FORM

Name		Date of Birth	
Address			
Phone		Email	

1. Volunteer role applying for:

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2. Why do you want to volunteer with Age Concern Mole Valley?

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3. Please outline any skills, interests, hobbies, previous experience that you think might be relevant to the role.

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4. What are your reasons for volunteering? *Please tick all relevant 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 confidence	<input type="checkbox"/>	To maintain existing skills	<input type="checkbox"/>
Other/Comments:			

5. How often and how long would you be available to volunteer?

Weekly	<input type="checkbox"/>	Bi-weekly	<input type="checkbox"/>	Short Term	<input type="checkbox"/>	Long Term	<input type="checkbox"/>
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6. Please tick which days and times you would be available:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Any
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. 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 you can do:

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8. When will you be able to start volunteering?

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9. How did you hear about our volunteering scheme?

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10. References:

Please provide the names & contact details of 2 referees, **not relatives**, who have known you for at least **2 years**. If your circumstances mean that you are unable to provide current references, we will be happy to discuss this further with you.

Name	Name
Address	Address
Phone	Phone
Email	Email
Relationship to you	Relationship to you

11. Disclosure & Barring Service (DBS) Check

This post is exempt from the Rehabilitation of Offenders Act 1974 therefore we require all persons volunteering with us on a regular, long-term basis and especially those roles that are doing so on a one to one basis with our clients to carry out a DBS check. Volunteers are asked to disclose any previous offences both spent and unspent. Please note that a volunteer's circumstances are assessed on a case by case basis and a positive result does not necessarily stop people from volunteering with us. Do you give your permission for us to carry out a DBS check?

Yes / No

(Please delete as appropriate)

12. Your Details

Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially and will only be accessed by authorised personnel.

Please indicate we may:

- Keep basic information from this form on computer **Yes / No**
- Send you updates about Age Concern activities **Yes / No**

Signed.....

Date.....

Thank you for your interest in volunteering with us.