

## VOLUNTEER APPLICATION FORM

|         |  |               |  |
|---------|--|---------------|--|
| Name    |  | Date of Birth |  |
| Address |  |               |  |
| Phone   |  | Email         |  |

1. Volunteer role applying for:

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

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

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: |  | Alternate weeks: |  | Short Term: |  | Long Term: |  |
|---------|--|------------------|--|-------------|--|------------|--|

6. Please tick which days and times you would be available:

|                | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------------|--------|---------|-----------|----------|--------|----------|--------|
| AM             |        |         |           |          |        |          |        |
| PM             |        |         |           |          |        |          |        |
| Only after 5pm |        |         |           |          |        |          |        |

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:

**8. When will you be able to start volunteering?**

**9. How did you hear about our volunteering scheme?**

**10. References:**

Please provide details of 2 referees, **not relatives**, who have known you for at least **2 years**. To enable us to keep our administration costs down our preference would be to contact your referees by email.

|  |  |
|--|--|
| Name:                                    | Name:                                    |
| Email:                                   | Email:                                   |
| Phone:                                   | Phone:                                   |
| Relationship to you:                     | Relationship to you:                     |
| Address: (if no email address available) | Address: (if no email address available) |

**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 in 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. General Data Protection Regulation 2018**

Personal information provided on this form will be used and retained for the purposes of your volunteering with Age Concern Mole Valley (ACMV) and communicating ACMV information. In order to comply with UK Data Protection Legislation, we need to ensure that we have your consent to store your personal information on our secure database. This is strictly confidential and we do not pass on any personal data about you to third parties.

**Please indicate that we may:**

- Keep your information from this form on the ACMV database **Yes / No**
- Send you updates about your volunteering and ACMV activities **Yes / No**

**Signed: (Volunteer)** ..... **Date:** .....

**Note:** You can remove your consent in respect of the above at any time by contacting [info@ageconcernmolevalley.org.uk](mailto:info@ageconcernmolevalley.org.uk) or you can call us on 01306 899104.

Thank you for your interest in volunteering with us.

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