

# Dorothy Rose House

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Registered Charity No. 702714

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| OFFICE USE ONLY | |
| Reference Number: |  |

###### **Volunteer/Placement Application Form**

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| **1. About You** | | | | | | | | | | | | |
| Title |  | | Forename/s | |  | | | | Surname | |  | |
| Address | |  | | | | | | | | | | |
| Estate | |  | | | | Town |  | | | Postcode | |  |
| Home Telephone Number | | | |  | | | | Date of Birth | |  | | |
| Email | |  | | | | | | | | | | |

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| **2. Who to contact in an emergency** | | | | | | | | | | | | |
| Title |  | | Name |  | | | | | Relationship |  | | |
| Address | |  | | | | | | | | | | |
| Estate | |  | | | | Town |  | | | Postcode | |  |
| Home Phone Number | | | | |  | | | Work Phone Number | | |  | |

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| **3. Have you got?** | | | | | | | | | |
| Driving Licence | Yes |  | No |  | Own Transport | Yes |  | No |  |

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| **4. What is your status?** | | | | | |
| Unemployed |  | Student |  | Retired |  |
| Working Part-Time |  | Working Full-Time |  | Long-Term Sick or Disabled |  |
| Other *(please specify)* |  |  | | | |

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| **5. Outline any skills, interests, hobbies and previous experience** |
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| **6. Please show availability – *(Tick all that apply)*** | | | | | | | |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evenings |  |  |  |  |  |  |  |

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| **7. How did you find out about voluntary work with Age UK Teesside?** | | | | | |
| Press Advert |  | Leaflet |  | Article in newspaper |  |
| Referred by friend |  | Television |  | Volunteer Bureau |  |
| Exhibition |  | Age UK User |  | Poster *(see below)* |  |
| Talk/presentation |  | Radio |  | Website *(see below)* |  |
| Community Centre |  | Library *(see below)* |  | Other *(see below)* |  |
| Please give details here: | | | | | |

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| **8. What are your reasons for volunteering? *(Please tick any of the boxes below)*** | | | |
| To gain work experience |  | To get involved in the community |  |
| To develop new skills |  | To make new friends |  |
| To build up my confidence |  | To maintain existing skills |  |
| Additional reasons or comments | | | |

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| **9. On what date will you be able to start volunteering?** | | | | | |
| Day |  | Month |  | Year |  |

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| **10. 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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| **11. Health Declaration Form** |
| Name of Volunteer: Date of Birth: |
| Do you have any specific dietary requirements? YES □ NO □  If YES, please give details: |
| Have you been in contact with any infectious illnesses in the last three weeks?  YES □ NO □  If YES, please give details: |
| Do you suffer from any of the following? (please tick appropriately)  Asthma □ Hayfever □ Bad Period Pains □  Diabetes □ Migraine □ Other Illnesses/ Medical Conditions □  Epilepsy □ Fainting □ Previous Existing Injury □  If you tick any of the above, please give details: |
| Please give the name, address and telephone number of the person you would want contacted in an emergency. Please state their relationship to you: |
| Please give the name, address and telephone number of your Doctor:  National Health Service No.: |

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| 12. Ethnicity *(This is optional, however it will help us to monitor more efficiently)*  **Please tick the most appropriate box below to describe your ethnic group or origin** | | | | | |
| Asian/British Bangladeshi |  | Black Other |  | White & Asian |  |
| Asian/British Indian |  | Chinese |  | White & Black African |  |
| Asian/British Pakistan |  | Other Ethnic Group |  | White & Black Caribbean |  |
| Asian Other |  | Other Mixed |  | White Other |  |
| Black/British African |  | White British |  |
| Black/British Caribbean |  | White Irish |  |

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| **13. IMPORTANT INFORMATION** |
| 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, we will be happy to discuss this with you.** |

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| **Reference 1** | | | | | | | | | | | | |
| Title |  | | Name |  | | | | | Relationship |  | | |
| Address | |  | | | | | | | | | | |
| Estate | |  | | | | Town |  | | | Postcode | |  |
| Home Phone Number | | | | |  | | | Work Phone Number | | |  | |
| Email | |  | | | | | | | | | | |

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| **Reference 2** | | | | | | | | | | | | |
| Title |  | | Name |  | | | | | Relationship |  | | |
| Address | |  | | | | | | | | | | |
| Estate | |  | | | | Town |  | | | Postcode | |  |
| Home Phone Number | | | | |  | | | Work Phone Number | | |  | |
| Email | |  | | | | | | | | | | |

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| **Important Information** | | | | |
| 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? *(Please tick one box only)* | **Yes** |  | **No** |  |
| If yes, details will be required from you ***(this information will be strictly confidential)*** | | | | |
| We may require a Disclosure Barring Service check. Do you give Age UK Teesside your | | | | |
| permission for us to carry out this check | **Yes** |  | **No** |  |
| If you have ticked yes – please remember to complete and sign the Consent for Disclosure and Barring Service | | | | |
| **Data Protection Act 1998** | | | | |
| Information on our database is **strictly confidential** and we do not pass on any personal information 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 computer? | **Yes** |  | **No** |  |
| Send you updates and information about Age UK Teesside? | **Yes** |  | **No** |  |

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| **Voluntary Work Preferred (please tick the box/es)** | | | |
| Day Care Assistant |  | Information Technology Instructor |  |
| Information and Advice Worker |  | Mini Bus Driver |  |
| Insurance Arranger |  | Reception Assistant |  |
| Health & Well being Activity Assistant |  | Transport Escort |  |
| Activity Centre Assistant |  | Admin Support |  |
| Insurance Arranger |  |  |  |
| Other Interests (please specify here) |  | | |

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| **Please enter any other additional information below** |
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| I certify that all the information given on this form is correct to the best of my ability.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for your interest in volunteering with Age UK Teesside.

Please return all the forms in the **FREEPOST** envelope enclosed.

