**VOLUNTEER APPLICATION FORM**

### PERSONAL DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title**  |  | **Surname**  |  | **First Names**  |  |
| **Age Range (please tick)**  |
| Under 14  |  | 19-24  |  | 45- 54  |  | 75-84 |  |
| 14-16  |  | 25-34  |  | 55-64 |  | 85+ |  |
| 17-18  |  | 35-44 |  | 65-74 |  |  |  |
| **Home Address** |  | **Mobile Number**  |  |
| **Telephone number** |  |
| **Email**  |  |
| **Preferred Method Of Communication (please tick)**  |
| **Mobile**  |  | **Home Telephone**  |  | Email  |  | Post  |  |

**EMERGENCY CONTACT**

|  |  |
| --- | --- |
| **Name**  |  |
| **Contact Number**  |  |

|  |  |
| --- | --- |
| **For insurance purposes we need to ask if you are under 16 years old?**  | Yes **□** No **□** |

### VOLUNTEERING

|  |  |
| --- | --- |
| **Have you ever done voluntary work before?**  | Yes **□** No **□** |

**Please tick any of the following that interest you:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Admin**  |  | **Counselling** |  | **Information and Advice** |  | **Outreach** |  |
| **Arts & Crafts** |  | **Cooking** |  | **IT**  |  | **Reception** |  |
| **Befriending** |  | **Dementia Befriending**  |  | **Languages** |  | **Shop Assistant** |  |
| **Community events** |  | **Drivers** |  | **Music** |  | **Sports**  |  |
| **Complementary Therapy** |  | **Gardening** |  | **Older people** |  | **Young people** |  |

|  |  |
| --- | --- |
| **Please mention any** **other areas you may be interested in:**  |  |

**Please tick the sessions you could be available as a volunteer:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday**  | **Sunday** |
| **Mornings** |  |  |  |  |  |  |  |
| **Afternoons** |  |  |  |  |  |  |  |
| **Evenings** |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **How many hours a week can you volunteer for?:** |  |

|  |  |
| --- | --- |
| **How long can you volunteer for? (Some roles require 3-4 months):** |  |

|  |  |
| --- | --- |
| **If offered a Volunteer role when are you available to start with us?** |  |

|  |
| --- |
| **What would you like to achieve through your voluntary work?** |
|  |

|  |
| --- |
| **Do you have any access requirements or support needs? (e.g. large print, induction loop, wheelchair access)** |
|  |

|  |  |
| --- | --- |
| **How did you hear about our organisation?** |  |

|  |  |
| --- | --- |
| **Is there a specific organisation you would like to volunteer for?** |  |

|  |  |
| --- | --- |
| **Is there any organisation you would not like to volunteer for?** |  |

**WORK EXPERIENCE**

Please give brief details of any voluntary or paid experience for the last three positions. Please start with your most recent.

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| --- | --- | --- |
| **Role title and dates** | **Name, address of employer or voluntary organisation** | **Main duties, responsibilities, areas of duties** |
|  |  |  |
|  |  |  |
|  |  |  |

**SKILLS AND INTERESTS**

Please list any skills and interests e.g. other languages spoken and written, leisure and social activities which you can offer.

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| --- |
| **Skill and interests** |
|  |

**Eligibility** **AND CONSENT**

|  |  |
| --- | --- |
| Please confirm that you have checked your eligibility to volunteer in this country in accordance to relevant legislations?  | Yes □ No □ |

|  |  |
| --- | --- |
| Please confirm that you are happy for us to **store** your information for volunteer purposes? | Yes □ No □ |

|  |  |
| --- | --- |
| Please confirm that you are happy for us to **share** your information with other organisation’s within H4All and partners for volunteer purposes only? (Information will only be shared with the organisation you wish to volunteer with. Organisation’s are Hillingdon Carers, Harlington Hospice, DASH, Hillingdon Mind, Age UK Hillingdon, Carers Trust Thames and Alzheimer’s Society) | Yes □ No □ |

**REFERENCES**

Please give details of two referees who have knowledge of you in a working, educational, religious/faith (such as priest, rabbi, etc), support or voluntary environment. They should **not** include relatives or personal friends. By signing the form, you have given consent to obtain references.

|  |  |  |
| --- | --- | --- |
| **Name of Referee 1** |  | **Name of Referee 2** |
|  |  |  |
| **Role or Job Title** |  | **Role or Job Title** |
|  |  |  |
| **In what capacity does this person know you?** |  | **In what capacity does this person know you?** |
|  |  |  |
| **Address, Telephone No, Email**  |  | **Address, Telephone No, Email** |
|  |  |  |

**Criminal Convictions – Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act 1974 makes it unlawful for employers, or prospective employers, to take into account offences deemed to be rehabilitated i.e. *spent.* We only ask prospective employees or volunteers to provide details of convictions and cautions that we are legally entitled to know about. Please note that a conviction will not necessarily exclude you form volunteering, but it will be taken into consideration when accessing your suitability.

Under the Exceptions Amendment 1975 (as amended in 2013) and Order 2000, both *spent* and *unspent* convictions must be disclosed for all work involving vulnerable adults or involving children. Vulnerable adults include those with disabilities or long-term health conditions and the elderly.

**For Volunteering in Administrative roles**

|  |  |
| --- | --- |
| Do you have any criminal convictions other than those which are spent under the terms of the Rehabilitation of Offenders Act 1974? | Yes **□** No **□** |

**For Volunteering in roles involving vulnerable adults or involving children**

|  |  |
| --- | --- |
| Under the Exceptions Amendment 1975 (as amended in 2013) and Order 2000, do you have any criminal convictions? | Yes **□** No **□** |

**For regulated roles (unsupervised contact with vulnerable adults and/or children)**

|  |  |
| --- | --- |
| Have you recently completed an enhanced disclosure with full barring check? | Yes **□** No **□** |

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

**Thank you for your interest. Please return your completed form to:**

**Email:** Volunteerhub@H4All.org.uk

**Post:** H4All Volunteer Hub, Key House, 106 High Street, Yiewsley, Middlesex, UB7 7BQ