## VOLUNTEER APPLICATION FORM

##### CONFIDENTIAL

**VOLUNTEERS MUST BE A MINIMUM OF 18 YEARS OF AGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What type of voluntary role are you interested in (please mark accordingly) | | | | | |
| Befriending - Telephone |  | Befriending - Home Visits |  | Shops – Customer Facing |  |
| Shops – Behind the Scenes |  | Shops – Visual Merchandiser |  | Shops – E-Commerce (Leamington ONLY) |  |
| Shops – Community Volunteer |  | Dementia Day Opportunities |  | Gilbert Richards Centre – Group Leader |  |
| Gilbert Richards Centre – Digital Inclusion |  |  |  |  |  |

|  |  |
| --- | --- |
| **If applying to volunteer in our Shops or our Dementia Day Opportunities, please state your preferred locations.** |  |

**If unsure please view our website at** [**www.ageuk.org.uk/coventryandwarwickshire**](http://www.ageuk.org.uk/coventryandwarwickshire)

|  |  |  |
| --- | --- | --- |
| Surname |  | |
| First names |  | |
| Address |  | |
| Postcode |  |
| Telephone |  | |
| Email |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Please give details of someone we may contact in case of an emergency | | | |
| Emergency contact name |  | Telephone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please give details of two referees who have known you for three years or longerandare able to provide references relating to your experience and suitability to become a volunteer **(family members may not be submitted as referees).** One should preferably be an employer. | | | |
| Name |  | Name |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Relationship to applicant |  | Relationship to applicant |  |

|  |  |
| --- | --- |
| Please mention here any other information you would like us to know before starting to volunteer. You might like to mention any reasonable adjustments we would need to make to accommodate your volunteering. |  |
| How did you hear about volunteering with AUKCW? |  |

|  |  |
| --- | --- |
| If you would like to list any strengths, skills or experience, then please do so |  |

|  |  |  |
| --- | --- | --- |
| **Rehabilitation of Offenders Act**  Dependent on the role you are applying for, some roles are exempt from the provisions of the Rehabilitation of Offenders Act 1974. This means applications are not entitled to withhold information about convictions, which for other purposes are ‘spent’ under the provisions of the Act. You should therefore declare if you have ever received a caution, reprimand or warning. Any information given will be completely confidential and will be considered only in relation to any application for voluntary positions to which the order may apply. Please note a criminal conviction or caution will not necessarily prevent you from volunteering with AUKCW. | | |
| Do you have any convictions, cautions, reprimands or warnings as defined by the Rehabilitation of Offenders Act 1974? | Yes | No |
| If yes, we will contact you further for more details, if appropriate to do so | | |

|  |
| --- |
| The General Data Protection Regulation (GDPR) requires us to comply with principles for processing personal data, including protecting against unauthorised access of personal data. Your data will be processed in line with the Company’s Data Protection Policy in accordance with the General Data Protection Regulations.    The information that you provide on this form is held by the organisation for the purposes of volunteering and to be able to consider you for the role.    If you are unsuccessful in your application for a role with the charity then this form will be destroyed immediately unless we have written consent to keep this data for future contact with you.      If you become a volunteer we will use this information for the purposes of contact in regards to your volunteering and requesting references. In any case, this form will be destroyed after six months and will not be shared with any third parties. |

|  |
| --- |
| **Declaration**  Confidentiality – during the course of my duties as a volunteer I may see or hear personal information. I fully understand that all such information must be treated in absolute confidence and that I must not discuss or disclose this information with any persons other than relevant members of staff.  I understand that in order to be considered as a volunteer I will be asked to produce evidence of identification, and dependent on the volunteer role, AUKCW may need to carry out a disclosure and barring check.  I agree to adhere to the relevant policies and procedures relevant to the role.    I declare that the information on this form is true and complete. I understand that any false information may result in the withdrawal of this application or being asked to cease volunteering |

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



## DIVERSITY MONITORING INFORMATION

Age UK Coventry & Warwickshire monitors the diversity of its volunteer team so that it can aim to increase diversity and representation from the local community.

We would be grateful if you could also complete this diversity monitoring form and return with your application form.

**Please answer the following questions- tick answers as appropriate**

**Age band:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Under 25 |  | 25-44 |  | 45-49 |  |
| 50-64 |  | 65-74 |  | 75-84 |  |
| 85-95 |  | over 95 |  | Prefer not to answer |  |

**Gender:**

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to answer |  |

**Disablement**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you consider yourself disabled** | |  | **Are you registered disabled** | |
| Yes |  |  | Yes |  |
| No |  |  | No |  |
| Prefer not to answer |  |  | Prefer not to answer |  |

If yes, please state registration number……………………………………………

**Ethnic group**: Choose one section from A TO E, and tick to indicate your ethnic group

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A: White** | |  | **B: Mixed** | |
| British |  |  | White and Black Caribbean |  |
| Irish |  |  | White & Black African |  |
| Any other White background (please write in) |  |  | White and Asian |  |
|  |  |  | Any other mixed background (please write in) |  |
|  |  |  |  |  |
| **C: Asian or Asian British** | |  | **D: Black or Black British** | |
| Indian |  |  | Caribbean |  |
| Pakistan |  |  | African |  |
| Bangladeshi |  |  | Any other Black background (please write in) |  |
| Any other Asian background (please write in) |  |  |  |  |
|  |  |  |  |  |
| **E: Chinese or other Ethnic group** | |  |  |  |
| Chinese |  |  |  |  |
| Any other (please write in) |  |  |  |  |
|  |  |  |  |  |
| **Not Stated** |  |  |  |  |
| Prefer not to answer |  |  |  |  |

**Sexual Orientation:** Please indicate which of the following options best describes your sexual orientation

|  |  |
| --- | --- |
| Heterosexual |  |
| Bisexual |  |
| Gay man |  |
| Lesbian/Gay woman |  |
| Other (please write in) |  |
| Prefer not to answer |  |
|  |  |