

# COMMUNITY RESPONDER VOLUNTEER APPLICATION FORM

Use this form to apply for Community Responder volunteering role only at Age UK Northamptonshire.

Please kindly fill out the below information and we will be in touch.

### **EQUAL OPPORTUNITIES MONITORING FORM**

In accordance with its policy on equal opportunities, the Charity will provide equal opportunities to any Volunteer applicant and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origins, sex, sexual orientation, religion or belief, marital status, age or disability.

In order to assess how successful this policy is we have set up a system of monitoring all Volunteer applications. We would, therefore, be grateful if you would complete the questions on this form. All information will be treated in confidence and will only be shared with relevant personnel.

How did you	Please enter	
hear about us?	today's date:	
First Name:	Surname:	
Date of Birth:	Gender:	
Ethnicity:		
Address:		
Mobile Phone:	Home Phone:	
Email Address: (Please supply)		
F:		
First Language:	Other Languages	
	Spoken:	

#### DATA PROTECTION

Information from this application may be processed for purposes registered by the organisation under the General Data Protection Regulation (GDPR) 2018. The GDPR gives you the right to request a copy of the information we hold about you. We want to make sure that your personal information is up to date so you can also request that this information is amended or deleted. If you would like a copy of the information we hold about you, please email or write to us at the address at the end of this form. We aim to comply with requests for access to personal information as quickly as possible and we will ensure we deal with requests within 1 month of receipt unless there is a justifiable reason for a delay.

## ASYLUM AND IMMIGRATION ACT 1996 PROOF OF LEGAL RIGHT TO LIVE IN THE UK

LIK Driving Licence

Please indicate which of the following you are able to provide to prove your eligibility to live in the UK (please mark with an 'X'):

Valid Furonean Union Passnort

DISABILITY DISCRIMINATION ACT 1995	
Please indicate if you have any special requirements to enable you to attend ar interview:	า
Yes No	
Please provide details:	
Please provide information of any medical conditions that might affect the type volunteer work you could do:	of

used within your role as a Volunteer:		
	low to notify the Volunteer Co-ordinator of any relevant t your application. For Walking Befriending interest, let us u'd be interested in:	
	REFERENCES	
references from family	act details of two Referees. The Charity cannot accept members. w information ( <u>please supply an email address where</u>	
Name:		
Email Address:		
Phone Number:		
Postal Address:		
Relationship to you:		
Referee 2		
Name:		
Email Address:		
Phone Number:		
Postal Address:		
Relationship to you:		

### CRIMINAL CONVICTIONS

Some voluntary and paid positions require the Charity to complete a Disclosure and Barring form (DBS). Please provide details of any convictions, cautions or reprimands or any proceedings being instituted against you. You may prefer to include details on a separate sheet and insert into a sealed envelope, marked for the attention of **Volunteer Co-ordinator**. All information is confidential and will be considered on an individual basis.

Please provide information of any criminal convictions that might affect the type of volunteer work you could do:
I hereby give my consent to Age UK Northamptonshire processing the data supplied in this application form for the purpose of recruitment and selection.
I give my consent (please mark with an 'X'):
Thank you for your interest in volunteering with us.

### Please return to:

Volunteers Co-ordinator, Age UK Northamptonshire, The William and Patricia Venton Centre, York Road, Northampton, NN1 5QJ Email: volunteers@ageuknorthants.org.uk