**Volunteer Application Form**

Please fill in **ALL** sections of this form. Failure to fill out all sections may lead to a delay in the volunteer recruitment process. If you are completing this form on a computer, please mark X in the column of your choice.

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| **Personal Details** |  |
| Forename(s): | Surname: |
| Address: | Postcode: |
| Telephone (home): | Mobile: |
| Telephone (work): | E-mail: |
| Preferred Method of Contact: |  |
| * Home |  |
| * Work |  |
| * Mobile |  |
| * E-mail |  |

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| **Volunteer Roles**  Please mark X in the column next to any of the volunteer roles that interest you. Some opportunities may require you to already have specific skills while others may currently be on hold. Please see the descriptions above for more information. | | | |
| Befriending Visits |  | 1:1 Walking Support  (Weekdays) |  |
| Telephone Befriending |  | Exercise At Home Programme Volunteer  (Weekdays) |  |
| Information & Advice - in the community  (Weekdays) |  | Dementia Support Volunteer |  |
| Telephone Enquiries & Signposting (Weekdays) |  | Project Admin Support – Befriending Project  (Weekdays) |  |
| 1:1 Digital/IT Support |  | Project Admin Support – Volunteering Project  (Weekdays) |  |
| ITea Party Group Sessions (Weekdays) |  | Other, please specify.  …………………………………….. |  |

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| **Details of your availability:** | | | | | | | |
| Weekdays |  | Morning |  | Afternoon |  | Evening |  |
| Weekends |  | Morning |  | Afternoon |  | Evening |  |
| **Length:** | | | | | | | |
| 1-2 hours |  | 2-4 hours |  | 4-7 hours |  | All day |  |

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| **Availability Frequency:** | | | | | | | |
| Everyday |  | 2-3 times a week |  | Once a week |  | Every 2 weeks |  |
| Once a month |  | Every two months |  | Every 6 months |  | Every 6 months+ |  |

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| EMPLOYMENT HISTORY Details of all previous employment, most recent first (continue on a separate sheet if necessary). Alternatively, please attach your CV to your application. | | |
| **Job title and main responsibilities** | **Name of employer** | **Employment dates and reasons for leaving** |
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| **Please tell us of any relevant skills you may have for the position you are applying for (e.g., retail, administration, accounting, debt advice, etc):** |
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| **What are your other interests/hobbies?** |
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| **Do you speak any other languages? Please give details and level of**  **proficiency:** |
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| **Please tell us about any qualifications you may have: (**for example certificate, degrees, diplomas GCSEs/ A’ Levels, NVQs.) |
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| **Please use this space to write any other information which you feel may be relevant.** |
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| **Is there anything in your medical history or disability that may affect your ability to volunteer? If yes, please give details:** |
|  |
| **Have you ever been convicted of a crime? If yes, please give details:** |
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| **Are you legally entitled to work/volunteer in the UK?** | | | |
| Yes |  | No |  |

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| **How did you hear about us?** | | |
| AUKW Website |  | Online Advert |  |
| AUK National Website |  | University/College |  |
| Volunteering Recruitment Organisation |  | Community Event |  |
| Flyer/Leaflet/AUKW Newsletter |  | AUKW Client/Volunteer |  |
| Other – please specify: |  |  |  |

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| --- |
| **References**  Please provide **TWO** references. One needs to be FORMAL (i.e., a current or previous employer, teacher, lecturer) who has known you for **at least one year** the other can be a friend. **Please do not use a family member, partner or spouse.** |
| **Formal Reference**  Name:  Address:  Postcode:  Daytime tel. no:  Email:  Relationship to you: |
| **Personal/Formal Reference**  Name:  Address:  Postcode:  Daytime tel. no:  Email:  Relationship to you: |
| **Emergency Contact Details**  Name:  Telephone no.:  Relationship to you: |

**Please tick this box to confirm that you have received consent to supply details of your emergency contact** ☐

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| **Relations** Are you related to any Age UK Westminster staff, volunteers or members of the executive Committee? If yes, please state their name and the relationship (please note, relationship includes blood, lawful or close personal e.g. a partner): | | | |
| Yes |  | No |  |

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| --- | --- |
| **Declaration**  I declare that the information on this form is true and correct to the best of my knowledge. | |
| **Signed:** | **Date:** |

Here at Age UK Westminster, we take your privacy seriously and will only use your personal information to administer your account and to provide the products and services you have requested from us.

However, from time to time we would like to contact you with details of other services we provide, and information about any events or campaigns that we are running. If you consent to us contacting, you for this purpose please tick to say how you would like us to contact you:

**Post** ☐    **Email** ☐    **Telephone** ☐    **Text message** ☐

**I do not wish to be contacted** ☐

As a volunteer with Age UK Westminster, there may be occasions when we take photographs or video of you, or which may include you for the purpose as stated below.

**Please tick the following boxes if you consent to us using your photographs or video for the purpose stated:**

**☐** I give my consent for Age UK Westminster to take photographs or video of me as stated above. I understand that the resulting imagery will be used to publicise Age UK Westminster’s events, including our website, social media pages and newsletter.

**☐** I give consent for Age UK Westminster to share these photographs or videos with funders and potential funders as part of application and/or monitoring for funding Age UK Westminster has received from them.

**Signature:** …………………………………………………………………………………..

**Date:** ………………………………………………………..………………………….…….

**Address: The Beethoven Centre, Third Avenue, London W10 4JL**

**Tel: 020 3004 5610**

**Email: volunteering@ageukwestminster.org.uk**

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