

# Volunteer Application Form



## A. Personal Details

<b>TITLE:</b>	<b>NAME:</b>	<b>Date of birth:</b>
<b>ADDRESS:</b>		
<b>POST CODE:</b>		
<b>TELEPHONE</b>	<b>home:</b>	
	<b>mobile:</b>	
<b>E-mail address:</b>		

## B. Status (please tick which applies)

<b>Unemployed</b>	<input type="checkbox"/>	<b>Student</b>	<input type="checkbox"/>	<b>Retired</b>	<input type="checkbox"/>
<b>Working part-time</b>	<input type="checkbox"/>	<b>Working FullTime</b>	<input type="checkbox"/>	<b>Long Term Sick or disabled</b>	<input type="checkbox"/>
<b>Other:</b>					

## C. Tell us about yourself

**Outline any skills, interests, hobbies, previous experience you have gained in the last 10 years either through work, volunteering, community work or caring for family members.**  
(This helps to give us a general idea of the sort of experiences you have had and the skills that this will have given you. Please give as much detail as possible)

**Tell us about what motivates you to volunteer:**

**How much time do you have available for volunteering?**  
(Please indicate times/days that are normally convenient for you)

**Do you have a preference for which part of the Borough you volunteer in?**

**What sort of volunteering are you interested in? e.g. befriending, fundraising, marketing, admin**

**How did you find out about volunteering with Embracing Age?**

## **D. Your Health**

In order that we may offer you appropriate support in your volunteer role, please advise us of any health problems, disability or a medical condition that you think may affect the type of volunteering that you can do.

## E. References

In both the interests of yourself and of the people with whom you will be working, we require a reference from two referees who have known you for at least two years. These referees **MUST NOT BE FAMILY MEMBERS**.

	<b>1<sup>st</sup> Referee</b>	<b>2<sup>nd</sup> Referee</b>
<b>Name</b>		
<b>Address</b>		
<b>Email</b>		
<b>Telephone No.</b>		
<b>In what capacity has the referee known you and for how long?</b>		

## F. Working With Vulnerable People

As an agency working with vulnerable people we have a duty of care towards our clients. We are required to carry out a DBS check on some of our volunteers for this reason. Please indicate if you are happy for this to take place:

**Yes / No**

## G. Declaration

I declare that the information on this form is true and correct to the best of my knowledge

**Signed:** .....

**Date:** .....

**Please return this form to:**

Tina English  
Embracing Age, 183 Lincoln Avenue, Twickenham, TW2 6NL