##

## Volunteer application form

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| Surname |  | Mr/Mrs/Miss/Ms/Other (please state) |
| First Names(in full) |  | Date of Birth |  |
| Address |  | Home Tel No |  |
|  | Work Tel No |  |
|  | Mobile |  |
| Post Code |  | e-mail address |  |
| Emergency Contact |  |
| Preferred method of contact | Email Phone Text Post  |
| Name |  |
| Relationship to you |  |
| Address |  |
| Tel No |  |
| Alternative Tel No |  |
| Present Situation:(Please circle/tick) | working | retired | unemployed | studying |
| Other (please state)  |
| Do you have any friends/relatives in employment or as a client at Avery Healthcare? | Yes / No |
| Languages spoken fluently other than English |  |
| Which days are you available? Please tick **ü**, or mark ‘**Y**’  |
| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| am | pm | eve | am | pm | eve | am | pm | eve | am | pm | eve | am | pm | eve | am | pm | eve | am | pm | eve |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Would you be interested in volunteering for one-off events, or as a ‘bank’ volunteer (called on to help as needed)? Please comment below. |
|  |
| Please indicate the volunteer role(s) you are interested in? |
|  |
| In this section please tell us about yourself, give details of why you would like to volunteer for this organisation. Tell us about experience professional or personal that you feel may be useful in your chosen volunteer role.  |
|  |
| Tell us about any talent you may have or hobbies or clubs you belong to. |
|  |
| What are you looking to gain from your volunteer placement? |
|  |
| Please give details of any health related issues which would affect the kind of work you can do as a volunteer? |
|  |
| Some volunteering (not all) can involve pushing residents in wheelchairs. Please indicate if you feel you have the physical stamina to push a wheelchair? Please tick **ü** Yes No  |
| Please supply two referees who may be approached. At least one must be someone other than a relative. |
| 1. | Name |  | Relationship of Referee to you |  |
|  | AddressEmail |  |
|  | Tel No |  |
| 2. | Name |  | Relationship of Referee to you |  |
|  | AddressEmail |  |
|  | Tel No |  |
| References will be requested for all volunteers, and volunteers may begin volunteering once satisfactory references have been received. |
| Certain roles will require completion of a DBS Check. The Friends will work in partnership with the Care Home to manage this process and make decisions regarding the offer of a volunteering placement.A positive disclosure does not mean a volunteer placement will not be offered. Each situation will be reviewed on an individual basis in consultation with the Care Home Manager.We encourage volunteers from across the community and seek to ensure all our volunteer opportunities are accessible to all.The DBS code of practice is available online <https://www.gov.uk/government/publications/dbs-code-of-practice>. A copy can be provided on request.  |
| Declaration |
| * I declare that the information given above is, to the best of my knowledge, true, correct and if I am accepted as a volunteer.
* I agree to abide by the rules concerning the duties of volunteers and support the vision and policies of the organisation.
* I confirm that I am happy that the Friends’ Group work in partnership with the Care Home to process my volunteering application, and that this will be done in accordance with the Data Protection Act 1998.
* Furthermore, I understand that voluntary work is of a confidential nature and undertake not to breach this confidentiality.
* Some Care Homes still require a Lateral Flow Test to be undertaken before you enter the home. Please check with the home before you visit to find out if this is required. Tests can be done either before you visit or when you arrive at the home. If you record your result yourself, you will need to enter the UON code which can be obtained either from the home or by contacting Sona Sladkova (sona.sladkova@attend.org.uk).
 |
| Signed |  | Date |  |
| Please return this form to: Attend11-13 Cavendish SquareLondonW1G 0AN Email : info@friendsofcarehomes.org.uk Tel: 0207 307 2570Fax: 0207 307 2571 |
| To help us evaluate how we recruit volunteers please complete the following – please state the way in which you came to hear of our Friends’ Group? |
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**How we use your personal information:**

Your personal details are required in order for us to provide a voluntary service for the benefit of the public and to help you get the best out of your involvement with the organisation. We require your permission to administer your personal data and to use it to inform you about the services you are receiving.

Your details are held securely on an electronic database, which is only accessed by staff that are authorised to do so. It will not be shared with anyone outside of Attend unless we have told you that this is necessary. If you are happy to allow us to use your information in this way, then please sign in the box below. If you do not wish us to store your personal details then your information will not be held, however this may affect the services you are able to receive from Attend. Many thanks

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| **Signature and date:** |

I have read the Standard/Enhanced Check Privacy Policy for applicants. <https://www.gov.uk/government/publications/dbs-privacy-policies> and I understand how DBS will process my personal data and the options available to me for submitting an application.’

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| --- |
| **Signature and date:** |