**VOLUNTEER APPLICATION FORM**



Coastal Information Centre, Teignmouth Hospital

Mill Lane, Teignmouth TQ14 9BQ - 01626 771695

info@volunteeringinhealth.co.uk

Thank you for your interest in volunteering.

Please complete as much of this form as possible and return to us

via post or email. We will then contact you to arrange an interview.

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| **ABOUT YOU** |
| **Name:** | **Address:** |
| **Phone:** |
| **Email:** |
| **Date of Birth:** | **Postcode:** |

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| **HOW YOU’D LIKE TO HELP** |
| **Please circle the volunteering roles you are interested in :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Admin | Fundraising | Driving**\*** | Befriending | Telephone Befriending | Marketing | Events |
| IT support | Meeting & Greeting | Social Groups | Management/Training | Other : |

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| **Please state which days/times of the week you are available to volunteer:** |
| **How did you hear about Volunteering in Health?** |
| **Please circle the reasons why you would like to volunteer with us:**

|  |  |  |
| --- | --- | --- |
| Contributing to the community | Gaining new skills | Using existing skills |
| Meeting new people | Filling my spare time | Other: |

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| **\****If volunteering to drive our clients, please complete this section and attach a copy of your current insurance and MOT certificates. Otherwise, please turn over.* |
| **Vehicle make and model** | **Vehicle registration number** |
| **How many doors does your car have?** | **Is your boot big enough for a folded walker/wheelchair?** |
| **Are your car seats low (e.g. sports), normal, or high (e.g SUV)?** | **Would you be interested in driving our wheelchair-accessible vehicle?** |
| **Do you have any endorsements on your driving licence? Please give details if so:** |

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| **FURTHER INFORMATION** |
| **Please use this space to tell us about your experiences, hobbies and interests; anything that will help us to match you to the right role.** |
| **WELLBEING AND SAFEGUARDING***This section is required for the health and safety of both you as a volunteer and the people with whom we work.* *Should you prefer to discuss any element of this section confidentially, please contact us.* |
| **Doctor’s name**  | **Emergency contact name & relationship to you** |
| **Doctor’s Surgery** | **Emergency contact number** |
| **Do you have any health conditions, disabilities or allergies that we should be aware of?** |
| **Volunteering may bring you into contact with vulnerable people; we therefore conduct a Disclosure and Barring Service check according to the terms of the Rehabilitation of Offenders Act (1974).****Please declare any criminal convictions below, or write “none.”** |
| **Please give details of 2 people who are not relatives and have known you for at least 2 years.** |
| **Referee 1** | **Referee 2** |
| **Name** | **Name** |
| **Address** | **Address** |
| **Telephone number** | **Telephone number** |
| **Email** | **Email** |
| **Their relationship to you:** | **Their relationship to you:** |
| **DECLARATION** |
| **I declare that the information provided on this form is true and accurate, and will be processed in accordance with the Data Protection Act 1988 and GDPR 2018. I consent to Volunteering in Health storing my data and contacting me for the purposes of volunteering. I agree to references and a DBS check being sought. I agree to keep strictly confidential all information about clients and volunteers obtained in connection with my voluntary work.** |
| **Signature:** | **Date:** |

Registered Charity Number – 1182615