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| **Volunteer Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VOLUNTEER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | | | Forename: | | | | | | | | | | | | | | | | | | | | | | | | Surname: | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Home Phone: | | | | | | | | | | | | | | | | |
| Mobile: | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Post code: | | | | | | | | | | | | | | | | | | | Preferred contact method: Phone Email Post | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | Gender: | | | | | | | | | | | Pronouns: | | | | | | | | | | | Disabilities/Mobility issues: | | | | | | | | | | | | | | | | |
| Can you drive? | | | | Yes ☐ | | | | No ☐ | | | | |  | Do you have a car? | | | | | | | | | Yes ☐ | | | | | No ☐ | | | Sometimes ☐ | | | | |  | Do you have a bus pass? | | | | | | Yes ☐ | No ☐ | |
| How did you find out about volunteering for us? What are your motivations for volunteering? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skills & Experience/ Do you speak other languages? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interests & Hobbies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VOLUNTEERING PREFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | \*Requires an Enhanced DBS | | | | | | | | | | | | | | | | | | | | |
| Roles: | | Befriending | | | | | | |  | | Day Trips | | | | | |  | | Dog Walking | | | | | | |  | | | | Care Home | | | |  | Little Shop | | | | |  | Big Shop\* | | | |  |
| Telephone | | | | | | |  | | Ad hoc | | | | | |  | | Admin | | | | | | |  | | | | Events | | | |  | Assessor\* | | | | |  | Assist Travel\* | | | |  |
| Other (please specify) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Availability: | | |  | | | M | | | | Tu | | | W | | | Th | | F | | | Sa | | | Su | | | Varies | | | | | | Transport/ distance willing to travel? | | | | | | | | | | | | |
| am | | |  | | | |  | | |  | | |  | |  | | |  | | |  | | |  | | | | | |  | | | | | | | | | | | | |
| pm | | |  | | | |  | | |  | | |  | |  | | |  | | |  | | |
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| Concerning the client and their home environment, do you have any preferences towards: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pets? |  | | | | | | | | | | | Smokers? | | | | | | | | OK ☐ | | Not OK ☐ | | | | | | Don’t mind ☐ | | | | Gender? | | | | | | Male ☐ | Female ☐ | | | Don’t mind ☐ | | | |

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| --- | --- | --- | --- |
| **Volunteer Application Form** | | | |
|  | | | | |
| **EMERGENCY CONTACT DETAILS** | | | |
| Full name: | | Relationship: | | |
| Address: | | Home Phone: | | |
| Mobile: | | |
|  | | | | |
| **REFEREE DETAILS** | | | | |
| *Your referee must be over 18 years old and someone you have known for 2 or more years. They cannot be related to you by blood or marriage. Preferably they will be someone we can contact by email.* | | | | |
| Full name: | | Relationship: | | |
| Address: | | Telephone: | | |
| Email: | | |
|  | | | | |
| Full name: | | Relationship: | | |
| Address: | | Telephone: | | |
| Email: | | |
|  | | | | |
| **VOLUNTEER AGREEMENT** | | | | |
| Please tick each of the below statements to confirm that you have understood. Any false information given could affect your volunteering role. | | | | |
|  | I agree to inform my emergency contact and referees that I have nominated them as such | | | |
|  | I agree to references being taken from both of my referees by phone, email, or in writing | | | |
|  | I confirm that the personal information supplied is accurate | | | |
|  | I understand that my work with Kent Coast Volunteering may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times | | | |
|  | I agree to completing a Driver Declaration Form, and keeping it up to date throughout my time volunteering for Kent Coast Volunteering (if required for the role) | | | |
|  | I agree to a Disclosure & Barring Service check being carried out (if required for the role) | | | |
| Using your personal information:  We will hold the personal information collected about you on this form on file and on our computer systems. Except for the circumstances described below, we will only use your information in connection with our provision of services to you. We may also need to share your personal information with organisations providing or funding to us or to you on our behalf, but where we do, we will tell the organisations to only use the information disclosed in connection with such services.  There may be other occasions where your information will need to be used or disclosed. For example, in cases of extreme concern regarding your welfare or where we consider there is a serious risk to you or to others. In these cases we will document the reason for the disclosure and keep a record of the information disclosed and, we will discuss the disclosure with you and/or your representative after the event.  We will not otherwise use or pass on the personal information in this form without obtaining consent from you or your representative first. By signing this form, you agree that we can use your personal information in the ways described above. | | | | |
| Volunteer Signature: | | | Date: | |