



Volunteer Application Form

Personal Details

First Name	
Surname	
Telephone Number	
Email address	
Address	
Post Code	

Please note as part of volunteering good practice, we may ask to see proof of your name and address. For example: a utility bill, bank statement, passport, driving licence

Use this section to tell us about your skills and interests

When are you available to volunteer? Please tick

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Flexible
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/>
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/>
<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/>

What type of volunteering are you interested in?

<input type="checkbox"/> Befriender	<input type="checkbox"/> Activities Assistant
<input type="checkbox"/> Gardener	<input type="checkbox"/> Administration

Other (please state)

Do you have any specialist skills that you would like to use/develop when volunteering?

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What age group do you fall into?

<input type="checkbox"/> 16 - 18	<input type="checkbox"/> 18 - 21	<input type="checkbox"/> 21 - 25	<input type="checkbox"/> Over 25
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At Abbeyfield we actively encourage young volunteers, but just so you know.... if you are under 18 years Old we may ask your parents to sign a Parent Consent Form.

Under the Rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please summarise below. This will not necessarily stop you from volunteering but will be taken into consideration in the application process.

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Please note, to safeguard our residents a DBS check will be required

Please advise of any medication / conditions / allergies we need to be aware of:

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Who should we contact in case of emergency?

Name	
Telephone Number	
Relationship to Individual	

Reference Requests

For all volunteering roles we take up references, please let us know who we can contact as referees

Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

How do you know this person?

Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

How do you know this person?

How did you hear about Abbeyfield Loughborough?

Source	Tick One
Through a friend	
Search Engine (Google/Bing)	
Social Media	
Other (please explain)	

Your details will be kept in accordance with the General Data Protection Regulation 2016. They will be held securely and confidentially. They will only be accessed by authorised management.

I declare that the information I have provided is true.

Signed:	Date:
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