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Register Charity No. 702714

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| --- | --- |
| Office use only | |
| CL No: |  |

Volunteer Application

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| --- | --- | --- | --- |
| Title: | Forename/s: | | Surname: |
| Address:  Postcode: | | | |
| Date of Birth: | | Contact Number(s): | |
| E-mail: | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a driving licence? (please circle) | Yes | No | Do you have access to a vehicle? (please circle) | Yes | No |

|  |  |  |
| --- | --- | --- |
| What is your current status? (please circle) | | |
| Unemployed | Student | Retired |
| Working part-time | Working full-time | Long term sick/disabled |
| Other: | | |

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| --- | --- | --- | --- |
| Ethnicity- please circle the most appropriate group | | | |
| Asian/British Bangladeshi | Black/British African | Other Ethnic Group | White & Black Caribbean |
| Asian/British Indian | Black/British Caribbean | Other Mixed | White British |
| Asian/British Pakistan | Black Other | White & Asian | White Irish |
| Asian Other | Chinese | White & Black African | White Other |

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| Do you have any health conditions which may affect your role as a volunteer befriender? |

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| --- | --- | --- | --- |
| Please outline any skills, interests, hobbies and previous experience relevant to this role (please see role description) | | | |
| Please provides details of 2 referees **(not family members)** who can provide a character reference | | | |
| **Referee 1** |  | |  |
| Title: | Name: | | Relationship: |
| Address:  Postcode: | | | |
| Contact Number(s) | | E-mail: | |
| **Referee 2** |  | |  |
| Title: | Name: | | Relationship: |
| Address:  Postcode: | | | |
| Contact Number(s): | | E-mail: | |

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| --- | --- | --- |
| As an agency working with vulnerable people, certain volunteer roles are considered exempt from the provisions of the **Rehabilitation of Offenders Act 1974** and any convictions must be declared. You must disclose all previous convictions: none of these may be considered spent. | | |
| Have you ever been convicted, warned, reprimanded or cautioned for a criminal offence, or liable in a civil case? (please circle) | Yes | No |
| If **YES**, please note that we will require details which will be held in the ***strictly confidence*** | | |
| All Befriending Volunteers are required to complete a DBS (Disclosure and Barring Service check) before volunteering with us. Do you give Age UK Teesside permission to carry out this check? *(please circle)* **YES NO** | | |

|  |  |  |
| --- | --- | --- |
| *In line with* ***GDPR*** *(General Data Protection Guidelines) 2018 we need to record information on you to help with your application and role. We will only access your personal data when we have good reason and only share what is necessary and relevant. We will not sell your information to a commercial organisation. Please agree that we may;* | | |
| Keep basic information from this application on computer | Yes | No |
| Send you updates and information about Age UK Teesside | Yes | No |

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| Please use this space to provide any further information which you feel is useful. |

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| I certify that all of the information given on this application is correct to the best of my ability.  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Thank you for your interest in volunteering with us and for completing this form. Please return this completed form in the FREEPOST envelope provided***