# Volunteer Application Form

## Confidential

**Data Protection**

Information from this application may be processed for purposes registered by VoiceAbility under the Data Protection Act 2018. Individuals have, on written request, the right of access to personal data held about them. By completing this form, you are giving your consent to VoiceAbility processing the data supplied in this form for the purpose of recruitment and selection. VoiceAbility will only keep records of your personal details for as long as we have your consent or for the purposes of you volunteering with us.

*The table will expand as you type in the text boxes.*

|  |  |
| --- | --- |
| **Personal Details** | |
| Title: | |
| First Name: | Last Name: |
| Address:  Postcode: | |
| Telephone Number: | Telephone Mobile: |
| Email Address: | |
| Contact in case of emergencies  Name:       Contact number: | |
| Are there any restrictions on you taking up a voluntary role in the UK? | Yes  No |
| If yes, please specify: | |
| Are you doing any other voluntary work at the moment? | Yes  No |
| If yes, please give details: | |
| **More about you and what you could bring to our volunteer programme** | |
| How did you come across voluntary opportunities with VoiceAbility? | |
| What would you like to get out of being a volunteer with VoiceAbility? | |
| Can you tell us about any personal, professional or voluntary experiences of advocacy, or working with people with care and support needs? | |

## DBS clearance

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If you are applying to work directly with our clients, the majority of our roles require that you complete a Disclosure and Barring Service Check which requires that you disclose any criminal offences of which you have been convicted, whether spent or unspent. Do you have any of the following:   |  |  |  | | --- | --- | --- | | Spent or unspent criminal convictions | Yes  No |  | | Police cautions | Yes  No |  | | Reprimands | Yes  No |  | | Warnings | Yes  No |  | | Any cases pending against you | Yes  No |  | | |
| If yes, please specify: | |
| If you are applying to work in a role which does not directly involve contact with our clients, do you have any of the following:   |  |  |  |  | | --- | --- | --- | --- | | Spent or unspent criminal convictions | Yes  No |  | No ❑ | | Police cautions | Yes  No |  | No ❑ | | Reprimands | Yes  No |  | No ❑ | | Warnings | Yes  No |  | No ❑ | | Any cases pending against you | Yes  No |  | No ❑ | | |
| If yes, please specify: | |
| Do you consent to an appropriate level DBS Check? | Yes  No |

## Disability Confident

VoiceAbility encourage those with learning disabilities, physical disabilities or mental health disabilities to become volunteers. Whilst it is entirely up to you whether you tell us about any disabilities we would encourage you to do so, if you need any reasonable adjustments making to enable you to attend any initial/introductory meetings with us.

|  |  |
| --- | --- |
| Do you consider yourself to be a disabled person? | Yes  No |
| If yes, please specify what reasonable adjustments you need to attend training or any voluntary activity: | |

## References

Please provide names and addresses of two responsible persons who would be willing to provide character references. One reference should relate to your present or most recent employment or voluntary agency you may have worked or volunteered for.

The other should know you personally, but should not be a friend or a member of your family. If you are unsure whom to give as a referee, please discuss this with the Volunteer Coordinator.

### Reference 1

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Address |  |
| Occupation |  |
| Tel No |  |
| Email |  |

### Reference 2

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Address |  |
| Occupation |  |
| Tel No |  |
| Email |  |

Which of our roles are you most interested in?

You can tick more than one.

|  |  |
| --- | --- |
| Not sure yet |  |
| Care home visitor volunteer |  |
| Connections volunteer |  |
| Hospital volunteer |  |
| Outreach volunteer |  |
|  |  |

## Declaration

I declare that to the best of my knowledge the information in this form is complete and correct. I agree that deliberate omission, falsification or misrepresentation of information will be grounds for rejecting this application or subsequent termination of my voluntary placement by VoiceAbility. Please note if you make your application by email, your signature will be required prior to taking up any volunteer role.

Your signature

Date

Please return this form to:

VoiceAbility

The Old Granary

Westwick

Cambridge CB24 3AR

Or email it to: [hsvols@voiceability.org](mailto:hsvols@voiceability.org)