**Volunteer Application Form**

|  |  |
| --- | --- |
| **Name** |  |
| **Home Address** |  |
| **Home Tel No** |  |
| **Mobile Tel No** |  |
| **Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred contact method** | ☐ House Phone | ☐ Mobile Phone | ☐ email |

|  |  |
| --- | --- |
| **Which one of the following best describes your present situation?** | |
| ☐ Paid employment (full-time) | ☐ School  ☐ Further Education / Training  ☐ Carer  ☐ House Parent  ☐ Other - please state: |
| ☐ Paid employment (part-time) |
| ☐ Self-employed |
| ☐ Retired |
| ☐ Unemployed |

|  |  |  |  |
| --- | --- | --- | --- |
| **Availability** | | | |
|  | Morning | Afternoon | Evening |
| Monday | ☐ | ☐ | ☐ |
| Tuesday | ☐ | ☐ | ☐ |
| Wednesday | ☐ | ☐ | ☐ |
| Thursday | ☐ | ☐ | ☐ |
| Friday | ☐ | ☐ | No CC support available at w/ends |
| All year round ☐ Term time only ☐ School holidays only ☐ Flexible ☐ | | | |

|  |  |  |
| --- | --- | --- |
| **Transport** |  |  |
| Do you have a full driving licence? ☐ Yes ☐ No |  |  |
| Do you have access to your own transport? ☐ Yes ☐ No |  |  |
| If **Yes**, are you willing to use your car when volunteering? ☐ Yes ☐ No |  |  |

|  |
| --- |
| **Keeping in touch with you** |
| Would you like to receive Health Assured info / CC newsletters? (both by email) ☐ Yes ☐ No  Will you be available to join our quarterly Volunteer on-line catchups?☐ Yes ☐ No |

|  |  |  |
| --- | --- | --- |
| **What do you hope to achieve when volunteering with CC?**  Tick all that describe you | | |
| ☐ Help me into paid work / education | ☐ Help me learn new skills | ☐ Part of my beliefs |
| ☐ Improve my health | ☐ Meet new people | ☐ Community involvement |
| ☐ Increase my confidence | ☐ Use my spare time well | ☐ Other - please state: |

|  |  |  |
| --- | --- | --- |
| **What type of volunteering would you like to do?**  You can tick more than one box (Training will be given, as required) | | |
| ☐ Counselling (College placement) | ☐ Online Support Groups | ☐ Events |
| ☐ Support Adults Carers | ☐ Fundraising | ☐ Board of Trustees |
| ☐ Support Young Carers  ☐ Groups (Face to Face) | ☐ Carers Call / Listening  Volunteer | ☐ Other - please state: |
|  | | |

|  |
| --- |
| **How did you hear about us?** |
|  |

|  |
| --- |
| **What knowledge or experience would you like to bring / share when Volunteering with us?** |
|  |

|  |
| --- |
| **Why would you like to Volunteer for Connecting Carers?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Health** | | | |
| Should we be aware of any health concerns that may affect or prevent you  from performing any activities?  If Yes, please provide details: | | ☐ Yes | ☐ No |
| **Personal support needs** | | | |
| Is there any kind of support you feel you might need from us to help with volunteering? | | ☐ Yes | ☐ No |
| If Yes, please describe |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **References** | | | |
| **Reference 1** | | **Reference 2** | |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
| **Relationship / Occupation** |  | **Relationship / Occupation** |  |
| **Telephone No** |  | **Telephone No** |  |
| **Email** |  | **Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact details** (for the person we should contact in an emergency – if you are volunteering face to face) | | | |
| **Name:** |  | **Telephone (Home):** |  |
| **Address:** |  | **Telephone (Work):** |  |
| **Relationship:** |  | **Mobile:** |  |

|  |
| --- |
| **Self-Disclosure** |

Have you ever been convicted of a criminal offence (other than a spent conviction under the Rehabilitation of Offenders Act 1974)?

If yes, please provide details:

|  |
| --- |
| **Declaration** |

I confirm that the information given on this form is correct and that any false statements may lead to refusal or termination of my Volunteer role. I understand that all information provided will be stored securely, in accordance with the Data Protection Act / GDPR guidelines and accessed only by authorised CC staff.

|  |  |
| --- | --- |
| **Signed:** | **Date:** |
|  |  |

**Please return completed application to:** [lorrainemacleod@connectingcarers.org.uk](mailto:lorrainemacleod@connectingcarers.org.uk)