

Volunteer Registration Form

Thank you for deciding to register as a volunteer with Agewell. We'd be grateful if you could spend a few minutes completing this registration form so that we can try to match you with the volunteering opportunities which best suit you. If you're unsure about any part of this form, please call us on 0121 796 9333 and we will be happy to help.

Your Details

Mr. Mrs. Miss. Ms.

First Name: _____ Surname: _____

Address: _____ Daytime Tel: _____

_____ Evening Tel: _____

_____ Email: _____

Postcode: _____ Date of Birth: _____

How did you hear about becoming an Agewell volunteer? _____

Type of Activity

Please take a few minutes to look through the following list and tick any activities you are interested in.

- | | |
|---|--|
| <input type="checkbox"/> Administration / Office Work | <input type="checkbox"/> Consultations / Market Research |
| <input type="checkbox"/> Computers / IT | <input type="checkbox"/> Cooking / Baking |
| <input type="checkbox"/> Crafts / Knitting | <input type="checkbox"/> Dog Walking |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Driving / Escorting to Appointments |
| <input type="checkbox"/> Handyman / DIY Skills | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Home Befriending | <input type="checkbox"/> Helping at Events & Activities |
| <input type="checkbox"/> Keeping Fit | <input type="checkbox"/> Hospital Befriending |
| <input type="checkbox"/> Mystery Shopper | <input type="checkbox"/> Mentoring / Advocacy Support |
| <input type="checkbox"/> Shop / Cafe Work | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Other (Please state): | <input type="checkbox"/> Telephone Befriending |

Availability

Please tick the boxes to indicate when you could be available to volunteer

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

About you

Do you have a bus pass?

Yes No

Do you hold a full, clean driving licence?

Yes No

Which age group are you in? (tick one)

Under 40 66-70
41-45 71-75
46-50 76-80
51-55 81-85
56-60 Over 85
61-65

What is your current employment status? (tick one)

Employed Student
Unemployed Unable to Work
Houseperson Unemployed
Retired Self employed

Do you need a work permit to take up employment in the UK? Yes No

Which ethnic group do you feel you belong to? (tick one)

White British Other Mixed background Black Caribbean
White Irish Please state: _____ Black African
Other White background Indian Other Black background
Please state: _____ Pakistani Please state: _____
White & Black Caribbean Bangladeshi Chinese
White & Black African Other Asian background Any other background
White & Asian Please state: _____ Please state: _____

Do you have a disability or any other needs which could impact on your volunteering? Yes No

If YES how would you describe this? _____

Do you have any support or access requirements? Yes No

If YES please state: _____

Help us find the role which is right for you

Please list any relevant courses and qualifications you have completed eg IT courses, health and safety, first aid. Start with the most recent.

Please provide details of any employment or voluntary / community work which you have undertaken which you feel has given you relevant skills or experience for volunteering with Agewell.

Please outline why you would like to become an Agewell volunteer eg your personal qualities, interests and hobbies, life experiences etc.

Referees

Please provide details of two people (not relatives) who we could ask for a reference, after gaining your permission.

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Address: _____ Address: _____

Tel Number: _____ Tel Number: _____

Email: _____ Email: _____

Relationship to applicant: _____ Relationship to applicant: _____

Declaration

Have you ever had a Disclosure and Barring Service (DBS) Check? Yes No

If YES Please enter date of your last DBS Check: _____

What type of DBS Check was it? Standard Enhanced

Are you registered with the Independent Safeguarding Authority? Yes No

If YES please provide your Registration Number: _____

Do you have any criminal convictions, including any cautions? Yes No

If YES Please give brief details here: _____

Are there any current criminal proceedings against you? Yes No

If YES Please give brief details here: _____

Volunteers Declaration

I confirm that, to the best of my knowledge, all the information given on this form is accurate. I understand that should any information given as part of this volunteer application later be found to be false, or if I deliberately withhold information relevant to my application, I am liable to be dismissed. Please sign and date this form and return it to Agewell.

Your signature: _____ Date: _____

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This section for Office Use only

Registration Date: _____ Interviewed By: _____

Referral Details:

Agewell CIC, T5 Office, 3rd Floor, Applewood Grove Training & Enterprise Centre, 13 Applewood Grove, Cradley Heath, West Midlands B64 6EW Tel: 0121 796 9333

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