



Volunteer application form

Volunteer Details

Name:

Address:

Postcode:

Landline phone no:

Mobile:

E-mail:

We would like to send communications out electronically wherever possible. This includes volunteering news updates, training information, details about events and requests for help. If you prefer to receive information by post please tick

Date of birth:

What sort of volunteering opportunity are you interested in?

What would you like to achieve through your volunteering role? (please tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> to develop an interest | <input type="checkbox"/> to fill my spare time |
| <input type="checkbox"/> to give something back to the community | <input type="checkbox"/> to help with my rehabilitation |
| <input type="checkbox"/> to increase my employability | <input type="checkbox"/> to use my skills and experience |
| <input type="checkbox"/> to meet people / make new friends | <input type="checkbox"/> to learn new skills |
| <input type="checkbox"/> to increase my confidence and self-esteem | <input type="checkbox"/> to get more involved in my community |

Other:

Volunteering availability?

Skills and Interests

Please tell us about any interests, skills, hobbies or experience which you feel may be relevant.

Criminal Convictions: Because of the nature of our work, you are required by the Rehabilitation of Offenders Act 1974 to declare all unspent criminal convictions, cautions, reprimands or warnings. Please detail below or write 'none':

(Having a police record does not necessarily mean that you cannot do voluntary work. However, in order to seek voluntary opportunities with this organisation it is essential that you declare any convictions).

Who should we contact in the event of an emergency?	Which GP surgery are you registered with?
Name:	Surgery name:
Relationship to you:	GP name if known:
Telephone number:	Telephone number:

References

As you may come in to contact with people who are particularly vulnerable, we ask you to give the names of two referees. Referees should be someone who knows you well but is not related to you. It should be someone who can tell us what sort of person you are and about your suitability as a volunteer. Ideally you will have known them for more than two years. One of them needs to be somebody who knows you in a professional capacity.

Reference 1

Name:

Address (postal or email):

Telephone:

How do you know this person?

Reference 2

Name:

Address (postal or email):

Telephone:

How do you know this person?

Support you might need

Do you consider yourself to have a disability or impairment? Yes No

Prefer not to say

Is there anything we need to be aware of in order to support/enable you to volunteer with us?

Monitoring

We aim to involve people from a range of backgrounds and it is important that we monitor whether we are achieving this. In addition, we have to provide anonymous, statistical information to our funders.

I consent to you recording for statistical and research purposes, the following questions:

YES

NO

What is your gender?

Male

Female

Are you..... (Please tick all that apply)

Employed (full time)

Employed (part time)

Self-employed

Retired

A carer

A former carer

Unemployed

Long-term sick / disabled

Full time parent

Student

Other (please specify):

What is your ethnic origin (Please tick all that apply)

British or Mixed British

White- European

White- Irish

Other White Background

Mixed- White and Black Caribbean

Mixed- White and Black African

Mixed- White and Asian

Other Mixed Background

Asian or Asian British- Indian

Asian or Asian British- Pakistani

Asian or Asian British- Chinese

Asian or Asian British-

Bangladeshi

Other Asian Background

Black or Black British Caribbean

Black or Black British African

Other Black Background

Arab

Gypsy/Irish Traveller

Other ethnic group

Prefer not to say

How did you hear about us?

Where did you hear about this voluntary opportunity? (Please tick)

Health Professional

Newspaper appeal

Radio appeal

Social Media

Volunteer Centre

www.do-it.org.uk

School / college

Newsletter (please tell us which one)

Word of mouth / friend

Poster / leaflet (please tell us where)

Other (please specify)

Talk / speaker (please tell us where)

Declaration: By registering as a Volunteer I understand...

- I allow Seachange to process my personal contact details to contact me and keep a record of the volunteering I do, including any expenses I receive.
- Due to the nature of the support Seachange provides to its clients, Seachange will record any unspent criminal convictions and undertake a 'Disclosure and Barring Service' (DBS) police check.
- As a volunteer driver it is Seachanges legitimate interest to record any current driving endorsements for risk assessment and safety reasons.
- Seachange will use anonymised information about me and collate this with other data to demonstrate the level of volunteering impact.
- Seachange is committed to supporting volunteer development and values volunteer involvement. It is in Seachange's legitimate interest in supporting volunteer development to contact me about the volunteer service, social and training opportunities.
- Privacy notices can be seen on Seachanges website:
<https://www.seachangedevon.org>

I declare that the information I have given in this application is true and accurate.

I understand that failure to provide such information may result in my not being accepted as a volunteer and that by supplying false information my position as a volunteer may be terminated immediately.

Signed:

Date:

DBS Information

Seachange will use your email address to set you up to complete an online DBS application (Disclosure and Barring service)

We will also need to see the following documents to validate your application: we need to see 3 documents / one key one from group 1 and another 2 from group 1 or 2 that shows your address. (we are happy to see this online)

Group 1

- Current Valid passport
- Current UK photocard driving license
- Birth certificate (issued within 12 months of birth)
- Biometric residence UK

Group 2 (all utility or bank correspondence must be within the last 3 months)

- Current UK old style paper driving license
- Birth certificate (issued post 12 months of birth)
- EU National ID card / work visa
- Bank / Building society statement or account / mortgage statement
- Utility Bill
- A document from local or central government

Any problems please speak to a member of staff at Seachange

Volunteer Drivers only - Please complete this section only if you wish to be a volunteer driver or drive people around within your volunteer role.

- Do you have a current UK Driving Licence? Yes / No
- Have you got any endorsements on your licence? Yes / No

If Yes please give details:

Car make & model:	No of Doors:	Registration Number:
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- Is the car registered in your name? Yes / No
- Month Road Tax is due for renewal:
- Do you have a current MOT Certificate? Yes / No

(You will be asked to show this if your car is over three years old)

- Is your insurance (please tick): 3rd Party Fully Comprehensive

(Please inform your insurance company that you plan to do volunteer driving so that it can be added to your policy – this is usually FOC)

- Month insurance is due for renewal:
- Name of Insurance Company:
- Are you able / willing to drive someone requiring a wheelchair? Yes / No
- Do you have breakdown assistance? Yes / No

For Office Use Only

Insurance form sent:	(Date)	ID Card	<input type="checkbox"/>
Insurance form received:	(Date)	Donations envelopes	<input type="checkbox"/>
MOT Certificate	<input type="checkbox"/>	Maps	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	RA & SSoW	<input type="checkbox"/>
Tax	<input type="checkbox"/>	Disinfectant wipes	<input type="checkbox"/>