**Volunteer Application Form**

Thank you for choosing our charity to offer your time and volunteering skills. We have many activities and services to help older people enjoy their lives and it is important to us that you enjoy your volunteering role.

**YOUR DETAILS:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT DETAILS:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR AVAILABILITY:** Please tell us when you are mostly available – days, am or pm, and how many hours you might be able to spare:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Have you volunteered before and do you have any special experience or skills that might be relevant: **YES NO** If Yes, please give brief details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?

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**YOUR PREFERENCES**: We have many volunteering opportunities, please see the list below and indicate the roles that you would like to volunteer for.

|  |  |
| --- | --- |
| **Volunteering Role** | **Please tick** |
| Driver for medical drives – GP surgeries/hospitals/dentist/optician |  |
| Driver to help our members get to our clubs |  |
| Take home and settle – accompany a driver to collect a member from hospital, take them home and help them settle in (make a cup of tea, making sure they have everything they need to hand)  |  |
| Companion - would you be happy to visit a member at: HomeHospitalCare HomeVisit a place our member enjoys such as a local garden centre |  |
| Take a member shopping /shop for a member  |  |
| Make Friendship calls |  |
| Support a member at Exercise / Hydrotherapy club |  |
| Bake a cake for clubs / activities |  |
| Help at a club – preparing and serving refreshments – setting up the room |  |
| Help at Lunch Club |  |
| Help at events (Christmas Party etc) |  |
| Be an extra pair of hands at group trips and outings to places of interest |  |
| Collect and deliver prescriptions |  |
| Administrational roles in the office |  |
| Hand deliver newsletters/cards etc |  |
| Rotherfield Repairs – join our team of DIY volunteers to fix and mend in a member’s home/garden |  |

|  |  |
| --- | --- |
| **Would you support a member who has...** | **Please tick** |
| Early Stage Dementia (training will be available) |  |
| A learning disability |  |
| A physical disability |  |
| Would you be happy to assist either a male or female member? |  |

To help us match you to a member with common interests, do you have any hobbies or interests?

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**REFERENCES:**

Please provide the names and telephone number of two people that are happy to provide a character or professional reference for you (please note this cannot be a family member and they must have known you for longer than 3 years).

**Referee 1:** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referee 2:** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER AGREEMENT**

While volunteering, you may have access to private information and records, for example, a member’s medical history, financial information, or personal data. It is vital that you treat all such information as confidential. Please sign this Volunteer Agreement to confirm that you accept your responsibility to always maintain confidentiality, both written and oral.

If you have a welfare concern about an RSM member please contact the RSM Safeguarding Lead as soon as possible, who will listen to your concerns and take appropriate action.

**I agree to always maintain confidentiality as outlined above.**

**I confirm that the information on this form is correct.**

**I give permission for the information on this form to be held electronically and in paper form for the sole purpose of Rotherfield St Martin.**

**I am happy to be contacted about Rotherfield St Martin events.**

**I am happy for a DBS check to be obtained, to check my suitability for this role or alternatively, I am on the DBS update service and my number is ……………………………….**

**This agreement is binding in honour only, is not intended to be legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT HAPPENS NEXT?**

Please return this completed application form and signed declaration to RSM, either by post or by email.

We will then complete some necessary suitability checks as follows:

* We require you to undertake a DBS check using a DBS online system. We will provide you with log in details to enable you to start this application.
* If you are volunteering as a driver, we ask that you read our Volunteer Driver Policy and complete and sign the Volunteer Drivers – Additional Sheet. We will then carry out a vehicle check on the DVLA system.
* We will contact your referees by telephone.

Once all the checks have been completed satisfactorily, our Volunteer Co-ordinator will contact you and discuss your specific area of volunteering and to arrange any relevant training for your role. Volunteer Drivers will receive their Drivers Pack. We will also provide you with our Volunteer Handbook and access to our Volunteer Training Video.

We hold Volunteer meetings periodically so that you can meet other RSM Volunteers and share experiences.

Should you have any concerns or queries whilst we are processing your application, please do not hesitate to contact us.

Thank you for your interest in volunteering at Rotherfield St Martin. We look forward to welcoming you to our team soon.