

AGE CONCERN ROTHERHAM  
APPLICATION FORM

TITLE (Miss, Mr, Mrs, Ms, Dr, etc) ..... SURNAME .....  
FORENAMES .....  
ADDRESS .....  
..... POSTCODE .....  
WHEN DID YOU MOVE IN TO YOUR CURRENT ADDRESS? ..... MONTH ..... YEAR  
TELEPHONE (HOME) ..... TELEPHONE (WORK) .....  
FAX ..... MOBILE PHONE .....  
EMAIL ADDRESS .....

D.O.B. .... AGE .....

DO YOU HOLD A CURRENT DRIVING LICENCE? YES NO  
DO YOU HAVE YOUR OWN TRANSPORT? YES NO  
ARE WILLING TO USE YOUR CAR FOR YOUR VOLUNTEERING? YES NO

WHO TO CONTACT IN AN EMERGENCY:  
NAME .....  
TELEPHONE NO: ..... MOBILE: .....

DO YOU HAVE ANY HEALTH PROBLEMS OR DISABILITIES? IF YES, PLEASE SPECIFY.  
.....

PLEASE GIVE DETAILS OF ANY EXPERIENCE OR TRAINING YOU HAVE HAD WHICH  
MIGHT BE USEFUL IN YOUR VOLUNTEERING.....  
.....

PLEASE GIVE DETAILS OF ANY HOBBIES OR INTERESTS YOU PURSUE .....

PLEASE GIVE DETAILS OF ANY GROUPS YOU ARE INVOLVED WITH .....

PLEASE INDICATE WHICH AREA(S) OF WORK YOU WOULD LIKE TO BE INVOLVED IN:

- ADVICE AND INFORMATION
- FACEBOOK VOLUNTEER
- NEWSLETTER EDITOR
- DAY CARE ASSISTANT
- DECORATING / DIY
- FUNDRAISING
- GARDENING VOLUNTEER
- OFFICE DUTIES
- TELEPHONE BEFRIENDING / LINKLINE
- VISITING AND BEFRIENDING
- OTHER (PLEASE SPECIFY)

PLEASE INDICATE DAYS AND TIMES YOU MAY BE AVAILABLE TO VOLUNTEER:

MONDAY AM PM  
TUESDAY  
WEDNESDAY  
THURSDAY  
FRIDAY  
WEEKENDS

**REFERENCES**

PLEASE PROVIDE THE NAMES AND ADDRESSES OF TWO PEOPLE (NOT MEMBERS OF YOUR FAMILY) WHO WOULD BE WILLING TO PROVIDE A REFERENCE. ONE OF THESE SHOULD BE YOUR LAST EMPLOYER IF YOU HAVE BEEN EMPLOYED WITHIN THE LAST THREE YEARS.

NAME ..... NAME.....  
ADDRESS ..... ADDRESS .....  
.....  
.....  
POSTCODE ..... POSTCODE .....

**POLICE CHECKS**

At Age Concern Rotherham we work with older people who can be quite vulnerable. Because of the nature of our work it is our policy to require all volunteers to undertake at least a Standard Disclosure check with the Criminal Records Bureau (CRB). Please note that you are not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Rehabilitation of Offenders Act (1974). A criminal record will not necessarily exclude you from volunteering, and any information supplied in this connection will be treated as completely confidential and will only be considered in relation to this application. Please confirm your agreement to Age Concern Rotherham applying to the CRB for the necessary documentation by ticking the box here

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE? YES NO  
IF YES, PLEASE GIVE DETAILS .....

THANK YOU FOR COMPLETING THIS FORM. PLEASE SIGN AND RETURN IT TO:

**VOLUNTEER COORDINATOR**  
**AGE CONCERN ROTHERHAM, 49-53 ST ANNS ROAD**  
**ROTHERHAM S65 1PF**

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND AGREE THAT IT MAY BE STORED AND USED BY AGE CONCERN ROTHERHAM FOR VOLUNTEERING REASONS AND TO KEEP IN TOUCH WITH ME

SIGNED..... DATE.....

PLEASE TELL US HOW YOU HEARD ABOUT VOLUNTEERING WITH AGE CONCERN ROTHERHAM .....

- PLEASE TICK THIS BOX IF YOU **OBJECT** TO US WRITING TO YOU OR TELEPHONING YOU TO TELL YOU ABOUT OUR CHARITABLE OR TRADING ACTIVITIES
- PLEASE TICK THIS BOX IF YOU **OBJECT** TO US PASSING YOUR DETAILS TO OTHER AGE CONCERNS, THEIR TRADING ASSOCIATES OR OTHER REPUTABLE ORGANISATIONS SO THEY CAN INFORM YOU OF THEIR ACTIVITIES, PRODUCTS AND SERVICES

WE WILL ONLY USE YOUR EMAIL ADDRESS TO CONTACT YOU IN CONNECTION WITH YOUR VOLUNTEERING ACTIVITY