Charity. No. 1173649

Age Concern Voluntary Association for the Elderly MRR

www.ageconcernmrr.org.uk

**Volunteer Application Form**

Age Concern Merstham Redhill and Reigate (MRR) “promoting the well-being of all older people in our catchment area helping to make later life a fulfilling and enjoyable experience”. We are a Charity in the voluntary sector providing services and activities to older people via social enterprise and grant funded projects.

**Notes to assist the application**

Please take the opportunity to provide as full a picture of yourself as possible. We are interested in the skills and experience you can bring to the Charity. All applications and personal details are confidential to the Trustees and Age Concern MRR Management. When completed please return to:

**Day Centre Manager/Befriending Service Co-ordinator**

Age Concern Merstham Redhill and Reigate

The Merstham Centre

Weldon Way

Merstham

Surrey RH1 3QB

**CONFIDENTIAL Volunteer Personal Details**

**Note: The Information you provide will be treated as confidential and will only be seen by the Management and / or members of the Board of Trustees of Age Concern MRR.**

Gender **M F**

DOB …………………….

Full Name: ……………………………………………………………………………………………………

Address: ………………………………………………………………………………………………….…..

…………………………………………………………………………………………………………………

………………………………………………… Post Code: ……………………………………………….

Home Telephone Number: …………………………………….…….

Work Telephone Number: ……………………………………………

Mobile Telephone Number: ………………………………………….

Email address: ……………………………………………………………..

**Health**

Please state if you have any health condition, which may affect your ability to carry out the role of Volunteer.

YES / NO, If Yes, please provide details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employment** | | | |
| **Employment History** (Start with Current or most recent employer) do not go back further than 10 years | | | |
|  | Employer Name | Job Title | Dates |
| **Employer 1** |  |  |  |
| Main Duties: | | | |
|  | Employer Name | Job Title | Dates |
| **Employer 2** |  |  |  |
| Main Duties: | | | |
|  | Employer Name | Job Title | Dates |
| **Employer 3** |  |  |  |
| Main Duties: | | | |
| **Previous / Existing Voluntary experience** | | | |
| **Dates**  **(From / to)** | **Volunteering Experience** Tell us here about any previous or existing voluntary work you have done. What experiences and / or skills did you / are you currently using: | | |
| **Reasons for applying**  Please outline your reason for wanting to become a Volunteer: | | | |
| **Skills and Interests**  Please list your hobbies, interests and skills: | | | |
| **Is there a particular volunteering role in which you are interested?**  Day Centre ……………. Office / Admin ……………………  Befriender …………….. Fundraising …………………………  Driver / Escort ………. Trustee / Committee ………….  No Preference ……….. | | | |
| **Availability**  Please list your preferred times to volunteer:  Please list any times you are definitely not available to volunteer: | | | |

**Conflict of Interest**

Given the position occupied by Age Concern MRR, its reputation and the integrity of its decision-making process, it is imperative that Volunteers do not:

* Allow their private or professional interests to influence their decisions
* Use their position as a Volunteer to obtain gain of any sort

Please state whether you or a close relative might have any conflict of interest if you become a Volunteer of Age Concern MRR

YES / NO

If Yes, please provide details:

**References**

We do take references, please provide appropriate information

1. Name: ………………………………………………………………………………………………..

Position: ………………………………………………………………………………………………….

Address: ………………………………………………………………………………………………….

…………………………………………………………………………………………………………………

Post Code: …………………………………………….. Phone No: ……………………………

Email address..........................................................................

Please state in what capacity you know the above, and for how long:

………………………………………………………………………………………………………..………

1. Name: ………………………………………………………………………………………………..

Position: ………………………………………………………………………………………………….

Address: …………………………………………………………………………………………………..

………………………………………………………………………………………………………………….

Post Code: …………………………………………….. Phone No: ……………………………

Email address ….......................................................................

Please state in what capacity you know the above, and for how long:

…………………………………………………………………………………………………………………

**Declaration**

Because of the nature of our work you will be in contact with older people who may be frail and vulnerable and you are therefore required by the Rehabilitation of Offenders Act 1974 to declare all convictions, including spent convictions. Please be assured however that this will not necessarily prevent you from becoming a volunteer with us.

Any previous convictions? YES / NO

If Yes, please provide details:

I confirm that to the best of my knowledge the details given in this application are correct

Signed: ……………………………………………………… Date:………………………………