**Volunteer Registration Form**

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| **Volunteer Information**:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Background and Relevant Information:**  Current occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous occupation:(if no longer working.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interests and Hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  General Health Medical conditions (physical and mental) which we need to be aware of in order to select the most appropriate volunteer Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer to befriend: Male/Female/Either  Volunteer Role: Driving/Passenger Assistant/ Welfare Calls/Rickshaw Rider/Community engagement  Availability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Driving Licence Stating D1 Yes/No |

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| **Emergency Contact:**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to You:\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **For Administration Only:**  Reference Sent: Reference Returned: Y/N  Enhanced DBS Certificate Number: Date Issued:  Dementia Friend: Yes/No  Induction Completed: Yes/No |

**Volunteering with Vulnerable Persons**

Because of the nature of the work for which you are applying, this position is exempt from the provision of section 4(ii) of the Rehabilitation of Offenders Action 1974 (Exemptions) Order 1975, and you are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act, and in the event of appointment, any failure to disclose such conviction could result in the withdrawal of approval to work for BSEVC.

**Enhanced DBS Check**

You will (if you haven’t already) be asked to complete an advanced DBS (Disclosure & Barring Service Check) Your volunteer co-ordinator will be in touch via email/tel in order for completion.

Please be prepared to provide personal information and documents such as passport/birth certificate/utility bill etc

**References- Please provide Contact details as below where possible (Not family members.) who would be willing to complete a brief reference on your behalf.**

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| **Reference 1**  **Name: Tel:**  **Address: Email:** |

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| **Reference 2**  **Name: Tel:**  **Address Email:** |

**Please Complete:**

I give permission for BSEVC to contact the above person/s to request a reference/s.

Volunteer Name: Volunteer Signature:

Date:

**Volunteer Agreement & Consent:**

1. I am happy for my personal information to be kept by BSEVC so that I can receive information on volunteering opportunities and organisational updates.
2. I will confirm when I have received and read the Volunteer policies and procedures, and I understand and accept my role and responsibilities as a volunteer for BSEVC.
3. I agree to comply with all Health & Safety requirements.
4. I understand that I must treat information from the organisation and my client as confidential, and in line with the BSEVC Confidentially policy, with the exception of any identified safeguarding concern
5. I agree to undertake any training or support activities that may enhance my volunteering role with BSEVC where appropriate.

Name: Signed:

Date:

**Additional Information:**

How did you hear about this role?

Internet

Social Media

Poster

Word of mouth

Other Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_