**Volunteer Application Form**

We ask all our volunteers to complete this application form.
It asks for your basic contact information and a little background information on what you’d like to get out of volunteering for us.

Please email your completed form to sian.owen@healthwatchdoncaster.org.uk

If you don’t have access to an email, you can post your paper version using the address shown on the last page.

**Personal Details**

|  |  |
| --- | --- |
| Preferred Title  |  |
| First Name  |  |
| Surname  |  |
| Address  |  |
| Post Code  |  |
| Telephone Number (Mobile)  |  |
| Telephone Number (Home) |  |
| Email  |  |

We will usually contact you via email unless you notify us otherwise. Please check the box if you wish to receive correspondence by post: ☐

When you join us as a volunteer, you can also sign up to the Healthwatch Doncaster newsletter mailing list, if you wish to opt-in from the mailing list please tick: ☐

**Volunteer Role**

Please provide information below about the volunteer role you are applying for, and why you want to volunteer with Healthwatch Doncaster.

|  |  |
| --- | --- |
| Role applying for |  |

Please tell us why you want to volunteer with Healthwatch Doncaster and what you hope to get from your experience with us. This can include any relevant voluntary or paid experience, or any qualifications, hobbies, or interests that you have had that you feel would help you undertake the role that you are applying for.

|  |
| --- |
| Why you’d like to volunteer with Healthwatch Doncaster? |
| Please continue a second sheet if you need to |

|  |
| --- |
| Have you volunteered before? Organisation? Role? |
|  |

|  |  |
| --- | --- |
| Other skills/interests that may be of use? e.g. – other languages spoken, design skills |  |
| Where did you find out about our volunteer opportunity? |  |

**Availability**

When would you be able to volunteer with us? Please provide the times you are available.

Certain volunteering opportunities are dictated by scheduled events and days our staff work. The role descriptions may mention a minimum commitment per week.

We ask that you commit to volunteer with us for a minimum of 6 months due to the resources involving inducting and training new volunteers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday  | Thursday  | Friday  |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |
|  |
| We may have community events on a Saturday or Sunday. Would you be willing to volunteer on a weekend?  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you hold a current driving licence? |  | Do you have your own transport? |  |
| Do you have any particular needs that we should be aware of so we can support your volunteering with us? For example, induction loop, wheelchair access. |

**Supporting Information**

Please provide us with the names of two people to provide a reference. For some roles we will only contact one referee e.g., office-based volunteering.
Referees must be over the age of 18 and must not be related to you. These can be previous employers, college or university tutor, personal acquaintances, or anyone else who can comment on your suitability for the volunteer role.

Referees should have known you for at least two years.

|  |
| --- |
| First Referee  |
| Full Name  |  |
| Address   |  |
| Telephone  |  |
| Email  |  |
| How do you know this person?  |  |

|  |
| --- |
| Second Referee  |
| Full Name  |  |
| Address   |  |
| Telephone  |  |
| Email  |  |
| How do you know this person?  |  |

**Declarations**

|  |  |  |
| --- | --- | --- |
| Disclosure and Barring Service (DBS) | *As your role may involve you working with young people and vulnerable adults we may require you to complete a DBS disclosure.*  |  |
| **Are you willing to undertake a DBS check when necessary ?** | Yes / No |

|  |  |  |
| --- | --- | --- |
| Declaration of convictions | Some of Healthwatch Doncaster’s volunteering opportunities may involve direct contact with potentially vulnerable members of the public. These roles are exempt from the Rehabilitation of Offenders Act 1974 (amended). This means that if you are applying for a role which will involve contact with vulnerable people you will be required to declare your entire criminal record including cautions, reprimands, final warnings and criminal convictions categorised as spent under the above legislation. This information will only be disclosed to specific Healthwatch Doncaster staff.  |  |
| **Have you been convicted of a criminal offence (other than ‘spent’ convictions under the Rehabilitation of offenders Act 1974**  | Yes / No |
| **If Yes, please provide details:****(this may not prevent you from volunteering with us)** |  |

I declare that the information in this application form is correct to the best of my knowledge and acknowledge that by signing this form I give my consent to sensitive personal information being recorded and stored securely by Healthwatch Doncaster.

|  |  |
| --- | --- |
| Signed  |  |
| Date |  |

*Electronic signature/written signatures are both accepted.*

**Thank you for completing this application form and your interest in volunteering with Healthwatch Doncaster**

 **Please return this form to sian.owen@healthwatchdoncaster.org.uk or a hard copy to our office at Healthwatch Doncaster, 8 Cavendish Court, Doncaster, South Yorkshire, DN1 2DJ.**

 **We will be in touch soon.**