**PRIVATE AND CONFIDENTIAL**

**Volunteer Application Form**

Thank you for your interest in volunteering with Kingston Carers Network. To get the process started we’d like to find out more about you. The information that you provide on this form will be handled and stored in accordance with current Data Protection legislation.

**Personal information**

|  |  |
| --- | --- |
| **Title (Mr/Mrs/Miss/Ms/Other)** |  |
| **Name** |  |
| **Home Address** |  |
| **Postcode** |  |
| **Contact Phone Number** |  |
| **Email Address** |  |
| **Date of Birth** | **\_ \_/\_ \_/\_ \_ \_ \_**  |
| **Emergency Contact (Name and Number)** |  |
| **What times during the day can we contact you?** |  |
| **How did you hear about the volunteering project?** |  |

**Availability**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please tick | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |
| **Details:** |

**Preferred Type of Volunteer Work**

(Tick any that are of interest)

|  |  |  |  |
| --- | --- | --- | --- |
| Admin Support - Regular |  | Trustee |  |
| Admin Support - Ad Hoc |  | Fundraising |  |
| Adult Carers’ Outings |  | Mentoring for Young Carers |  |
| Counselling |  | Young Carers’ Activities |  |
| Beauty Therapy |  | Other  |  |

**If other, please give details:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred age group**

(Tick any that are applicable)

|  |  |
| --- | --- |
| Young Carers (ages 5 – 18) |  |
| Young Adult Carers (ages 16 – 25)  |  |
| Adult Carers (18+) |  |
| I don’t mind |  |

**Skills and Motivation**

**Why would you like to volunteer at Kingston Carers’ Network?**

**Do you have any voluntary experience?**

**Please give details of your work experience/ qualifications/special skills:**

**What skills would you like to develop?**

**Do you need any additional support to help you volunteer?**

**Any other comments:**

**References**

Please can you give the names and addresses of 2 people (not relatives), who would be willing to act as referees. One must be a current or recent employer, school, college or university teacher. The other can be someone who has known you in a personal capacity for at least two years

**Referee 1**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Occupation** |  |
| **Contact No** |  |
| **Email Address** |  |
| **How long have you known the person?** |  |
| **In what capacity do you know this person?** |  |

**Referee 2**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Occupation** |  |
| **Contact No** |  |
| **Email Address** |  |
| **How long have you known the person?** |  |
| **In what capacity do you know this person?** |  |

**Disclosure and Barring Check (DBS)**

An Enhanced Disclosure with a check on the Barred List is required for all volunteering roles that involve regular, unsupervised contact with service users who under elderly/under 18.

**Are you willing to undergo such a check?**

**YES/NO**

|  |
| --- |
| **The Rehabilitation of offenders Act 1974 (Exceptions) Order 1975 (Exceptions)(Amendment) Order 1986**Due to the nature of the volunteering this role is exempt under the Rehabilitation of Offenders Act 1974 and you are required to reveal all convictions, even those which are spent.**Have you have been convicted of any criminal offences, cautions or charges pending?****YES NO**If yes, please provide details in a separate sealed envelope.**Please note that convictions for offences do not necessarily debar an applicant from a volunteer position.** |

|  |
| --- |
| **Data Protection**Kingston Carers’ Network keeps a confidential database for administrative purposes. No personal information relating to this recruitment is divulged except to third parties such as referees. It will be held as long as you volunteer and for 6 months after leaving.Will you allow your details to be held by KCN this way?  **YES NO**  |

|  |
| --- |
| **Declaration**I certify that the information that I have given is true & correct to the best of my knowledge & belief and understand that giving false or misleading statements or withholding information may result in the withdrawal of your volunteer role.**Signature Date** |

Please return your completed form to volunteering@kingstoncarers.org.uk, or post to Kingston Carers Network, 418 Ewell Road, Surbiton, KT6 7HF.