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Reg Charity No: 1150452 Company Ltd by Guarantee 08278766

www.builthcs.co.uk

Volunteer Application Form (Confidential)

Name.....

Address.....

.....Post code

Tel (Landline)(mobile)

Date of Birth.....

Email address:.....

Do you have a full driving licence.....

Do you own your own vehicle.....

Are you: Employed Self – Employed Unemployed Retired Student

When are you available to volunteer? (please tick)

	MON	TUES	WED	THURS	FRI	SAT	SUN
am							
pm							

How much time would you like to give?.....

Do you have prior experience in voluntary work or skills which you feel would be useful?

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.....

.....

What type of voluntary activity are you interested in?

- | | | |
|---|--|--|
| <input type="checkbox"/> art | <input type="checkbox"/> committee work | <input type="checkbox"/> meals on wheels |
| <input type="checkbox"/> administrative/advice work | <input type="checkbox"/> Driving (see separate form) | <input type="checkbox"/> music |
| <input type="checkbox"/> advocacy | <input type="checkbox"/> decorating | <input type="checkbox"/> schools |
| <input type="checkbox"/> basic odd jobs | <input type="checkbox"/> environment | <input type="checkbox"/> shopping |
| <input type="checkbox"/> basic skills | <input type="checkbox"/> escorting | <input type="checkbox"/> sitting-in for carers |
| <input type="checkbox"/> befriending | <input type="checkbox"/> first aid | <input type="checkbox"/> wheelchair pushing |
| <input type="checkbox"/> charity shop work | <input type="checkbox"/> fundraising | <input type="checkbox"/> working with animals |
| <input type="checkbox"/> conservation | <input type="checkbox"/> gardening | <input type="checkbox"/> others (please specify) |
| <input type="checkbox"/> counselling | <input type="checkbox"/> hospital | <input type="checkbox"/> Lunch Club |

To help us with our equal opportunity monitoring to ensure we are delivering a service to the whole community, we would be grateful if you would fill in the following:

Gender:	Male <input type="checkbox"/>	Status:	Employed <input type="checkbox"/>	Ethnicity:	Asian <input type="checkbox"/>
	Female <input type="checkbox"/>		Unemployed <input type="checkbox"/>		Black <input type="checkbox"/>
Age:			Non-employed <input type="checkbox"/>		White <input type="checkbox"/>
14 -18 <input type="checkbox"/>			Student <input type="checkbox"/>		Other <input type="checkbox"/>
19 -25 <input type="checkbox"/>	61-70 <input type="checkbox"/>		Retired <input type="checkbox"/>		
26-49 <input type="checkbox"/>	71-80 <input type="checkbox"/>				
50-60 <input type="checkbox"/>	81-90 <input type="checkbox"/>				

Do you consider yourself to be disabled? No Yes

Are you registered disabled? No Yes

Are you a Welsh speaker? No Yes

Would you please supply us with the names and addresses of 2 referees, **one of whom should be a professional**, such as your employer, tutor, social worker, solicitor and not a relative or friend.

Referee 1

Name

Address.....

.....

Tel No.....email.....

Relationship to volunteer:.....

Referee 2

Name

Address.....

.....

Tel No.....email.....

Relationship to volunteer:.....

PLEASE READ THE FOLLOWING POINTS BEFORE YOU SIGN THE FORM

1. Volunteering and Claiming benefit

Job Seeker's Allowance

In order to receive this benefit, volunteers must be available for work and actively seeking work.

There are no limits on the hours a person can volunteer as long as:

- They are still looking for work as agreed with their employment adviser.
- They can be contacted quickly if the chance of a job comes up and they are able to go for an interview within 48 hours and take up an offer of work within one week.
- The volunteer does not receive any payment other than for out-of-pocket expenses such as travel fares or special clothing needed for the voluntary work.

Volunteers must tell their employment adviser if they do any voluntary work. They must also inform them of any payments e.g. honoraria or payments in kind such as meal vouchers.

Income Support, Incapacity Benefit and Employment Support Allowance (ESA)

Volunteering should not affect someone's Income Support, Incapacity Benefit or ESA as long as they are not receiving any money other than reimbursement of expenses.

2. Insurance

You are only insured to work as asked by your manager. If you are asked to do something extra, check back with the office to ensure you are still covered.

There is reduced cover for people aged between 12/15 and over 70

3. Disclosure & Barring Service – It will be necessary for you to complete a DBS check if you will be working unsupervised with vulnerable groups in the community.

4. Confidentiality Volunteers are reminded that any confidences they may come across in the course of their work should be kept, however insignificant they may seem.

- I confirm that the information given in this registration form is true and accurate.
- I do / do not agree that this information may be passed on to other voluntary groups.
- I do / do not want my references to be passed on to other groups.

5. Volunteer medical information

Have you any conditions that may affect your volunteering duties? YES NO
e.g. Any physical, sensory disabilities, short term memory problems.

If yes please explain

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.....
.....

How can we support you with these problems?

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.....

Are you taking any prescription medications? YES/NO

If yes does it affect your ability to drive? YES/NO

If yes please explain.....
.....
.....

Signed..... Date.....