



14 High Street, Builth Wells, Powys, LD2 3DN ☎ (01982) 553004
 Tel/Fax 01982 551663 email: info@builthcs.co.uk

Manager: Mrs Cathy Warlow

Reg Charity No: 1055165

Volunteer Application Form

(Confidential)

Date.....

Name.....

Address.....

.....

..... Post code Tel.....

Date of Birth.....

When are you available to volunteer? *(please tick)*

	MON	TUES	WED	THURS	FRI	SAT	SUN
a.m.							
p.m							
evening.							

How much time would you like to give?

Do you have any particular interests you would like to pursue through volunteering?

Do you have any skills or previous experience which might be useful in your volunteering?

Do you have any health problems which may affect you work as a volunteer? No Yes..

Is there any voluntary activity you wish to avoid? No Yes..

Would you be interested in helping with any of the following:

- | | |
|---|--|
| <input type="checkbox"/> children | <input type="checkbox"/> people with disabilities |
| <input type="checkbox"/> young people | <input type="checkbox"/> people with mental ill health |
| <input type="checkbox"/> elderly people | <input type="checkbox"/> people with learning disabilities |

(If working with children or vulnerable adults you may be required to have a police check.)

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"/> |

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 take a little time to fill in the following:

Gender: Male Female

Age: <18 if yes, how old?.....

18-25

26-35

36-50

51-65

>65 if yes, how old?.....

Status:

Employed

Unemployed

Non-employed

Student

Retired

Ethnicity:

Asian

Black

White

Other

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.

Referees

Name

Name

Address

Address

.....

.....

.....

.....

Tel No.....

Tel No.....

Relationship to volunteer:

Relationship to volunteer:

.....

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1. Volunteering and Claiming benefit

You are expected to inform your benefit office about your volunteering.

- **Job Seekers Allowance** - should not be affected as long as you continue to be actively seeking and available for work, and are able to take up offers of paid employment within 48 hours. Please inform your Co-ordinator if this happens. You are allowed to receive out of pocket expenses only.
- **Disability Living Allowance** – should not be affected by part-time voluntary work.
- **Invalid Care Allowance** – will not be affected unless your voluntary work prevents you from caring for the disabled person for at least 35 hours a week.
- **Incapacity Benefit** – should not be affected **BUT** bear in mind that the type of volunteering you do **could** be used by your benefit office to indicate fitness for work, unless considered to be therapeutic.
- **State Retirement Pension** – Pensions will not be affected by your voluntary work, although large transport expenses may be taxable.

If in doubt about any of the above please discuss with your Manager.

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 over 75, or between 12-15

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3. Criminal Record Checks

Will be necessary if you are likely to work unsupervised with children or vulnerable adults in the community.

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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.

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- 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.

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