**Volunteer Application Form**

Thank you very much for your interest in volunteering for Warwickshire Vision Support.

All the information you provide on this form is confidential and will not be passed on to a third party.

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Click or tap here to enter text. | Forename(s) | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. | | |
| Address | Click or tap here to enter text. | | |
| Post code | Click or tap here to enter text. | | |
| Telephone Number(s) | Click or tap here to enter text. | | |
| Email | Click or tap here to enter text. | | |
| D.O.B. | Click or tap here to enter text. | | |
| Preferred Method of Communication | Click or tap here to enter text. | | |

**Next of Kin/Emergency Contact**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |

**References**

Please give names, address and email address of two people who have agreed to be approached on your behalf, who have known you for at least **2 years** and are able to comment on your suitability to do voluntary work with Warwickshire Vision Support.  If you are working or have worked until recently, one referee should be your manager.  Other suitable referees include: present or past employers, higher education tutors, someone from your local community or other voluntary work you may have done.

Members of your family are not acceptable.

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

**Volunteer Expenses**

In order to ensure you are not out of pocket whilst volunteering for Warwickshire Vision Support we encourage you to submit a claim for your expenses (if you wish to do so).

Please complete the boxes below with your bank details and your expenses will be transferred directly into your account when you make a claim.

Bank/Building Society Name: Click or tap here to enter text.

Name on the Account: Click or tap here to enter text.

Account Number: Click or tap here to enter text.

Sort code: Click or tap here to enter text.

**Volunteering**

|  |  |
| --- | --- |
| Reason for Applying | Click or tap here to enter text. |
| Please give brief details of your previous work experience in either a paid or voluntary capacity | Click or tap here to enter text. |
| Volunteer Opportunities (what most appeals to you?) | Choose an item. |
| AvailabilityPlease indicate days, times and frequency you are available to help | Click or tap here to enter text. |
| Volunteer SupportDo you have any additional needs you feel should be given consideration? If so, please state | Click or tap here to enter text. |
| Additional Information/interests | Click or tap here to enter text. |
| Skills | Click or tap here to enter text. |

**Demographic Data**

This information is used for statistical data in applying and/or reporting for grants, to determine the diversity of our organisation.

|  |  |
| --- | --- |
| Religious Group  (Please select ) | Choose an item. |
| Marital Status  (please select ) | Choose an item. |
| Employment status | Choose an item. |
| Disabilities | Click or tap here to enter text. |
| Main Disability | Click or tap here to enter text. |
| Ethnic Group  (Please select ) | Choose an item. |

**Disclosure and Barring Service**

Warwickshire Vision is committed to safeguarding and promoting the welfare of vulnerable adults and young people and expects all volunteers to share this commitment. All voluntary positions that involve direct work with vulnerable adults and children are exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). Volunteers and their referees are therefore not entitled to withhold information about police cautions, bind-overs, or any criminal convictions that would otherwise have been considered “spent” under the Act.

All positions that involve direct work with vulnerable adults and children will be subject to an enhanced DBS check.

**Have you ever been convicted of a criminal offence?** Yes/No

If yes, please give details below. The information you provide will be treated in confidence.

**Please complete if applying for a driving role, please ensure form is signed and dated by all Volunteers**

|  |  |
| --- | --- |
| Do you hold a current driving license | Choose an item. |
| Driving License Number | Click or tap here to enter text. |
| Valid until | Click or tap here to enter text. |

**Vehicle details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Make | Model | Reg No | Engine Size | Fuel Type | Seating capacity |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Please complete for any car/s that you are likely to drive on Warwickshire Vision Support business. Continue on a separate sheet if necessary.

**Renewal Dates (DD/MM/YY**) Please provide this information for any car listed above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | MOT | Insurance | Tax | Date car first registered |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Declaration**

**I declare that the information given in this application is a true and complete statement**

|  |  |
| --- | --- |
| **Signed** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

**Volunteer Confidentiality agreement**

During your time volunteering with WVS you may have access to information of a confidential nature in order to carry out your role. We have a responsibility to ensure individuals and other organisations can trust us, and so we ask anyone who has access to sensitive information to be clear on what they can and cannot access or share.

Confidential information may be written, spoken or electronic and may include:

* Phone conversations
* Employment information
* Medical/health information
* Personal financial information
* emails/letters
* documents or contracts
* Passwords
* User names
* Commercially sensitive information about the charity’s activities, finances or planning

WVS complies fully with the General Data Protection Regulations 2018 (GDPR). This makes it unlawful to disclose/share sensitive information about individuals without the person’s prior permission.

In line with our commitment to respect an individual’s right to privacy and for their information to remain confidential, if a volunteer does not comply with this agreement, we would not be able to take them on as a volunteer or they may be asked to step down from their volunteer role.

Your duty of confidentiality is indefinite and continues after your involvement with the charity has finished

For further information on GDPR or the charity’s Data Protection policy or this agreement, please contact the Volunteering team.

I have read and understood the above statement:

Volunteer name: (please print) Click or tap here to enter text.

Volunteer role: Click or tap here to enter text.

Signature:Click or tap here to enter text. Date: Click or tap here to enter text.

Staff Name:Click or tap here to enter text.Date received: Click or tap here to enter text.

Staff signature: Click or tap here to enter text.