

Walworth Golden Oldies Volunteer Application Form

Please complete ALL sections in BLACK ink or type.

Position Applied for	Hours/Availability	How did you hear about us?

CONTACT DETAILS			
Please complete in CAPITAL letters.			
Name		Surname	
Address			
Home No		Mobile	
Work		Email	
Date of Birth			

EMPLOYMENT STATUS			
What is your current employment status?			
<input type="checkbox"/> Not in work	<input type="checkbox"/> Registered unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Working part-time	<input type="checkbox"/> Working full-time	<input type="checkbox"/> Carer	<input type="checkbox"/> Other

EMPLOYMENT/PREVIOUS VOLUNTEERING ROLES		
Organisation	Job Title	Duties/Responsibilities

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VOLUNTEERING

Please set out how your skills and experience make you suited for the role(s) you have identified above:

Please give the names and addresses of two people who can provide an assessment of your suitability for this volunteer placement.

Name		Name	
Position		Position	
Organisation		Organisation	
Address		Address	
Telephone		Telephone	
Email		Email	

REHABILITATION OF OFFENDERS ACT

Our volunteer roles are exempt from the requirements of the Rehabilitation of Offenders Act 1974 because it involves working with vulnerable people. This means that you are obliged to disclose the details of any offence that resulted in a criminal conviction, even if it was a long time ago. If this applies to you, please tick as appropriate and please enclose in a sealed envelope marked 'CONFIDENTIAL' the details of the offence, date, sentence and any comments you wish to make. If not appointed the envelope will be returned.

Do you have any convictions?

Yes No

If you have ticked yes, having a conviction will not necessarily stop you from volunteering but will need to be taken into consideration when assessing your suitability.

DECLARATION

I hereby declare that the information I have provided is accurate:

I give permission for Walworth Golden Oldies Community Care Project to carry out criminal record checks at enhanced level with Capita Bulk Services. I understand that any personal information obtained from me may be required for identification purposes.

I know of no reason why I would be unsuitable to be a volunteer.

I understand that Walworth Golden Oldies Community Care Project may hold personal information about me in records and on their computer, including sensitive information such as age, race, sex and disabilities that they will use for their monitoring purposes. I agree to them holding this information and understand that it may be shared with external enforcement bodies and agencies for the purposes of this job application.

By signing this form you confirm you have read and understood the contents of this Privacy Notice and Consent Statement and consent to us processing your personal information in accordance with this Privacy Notice.

I understand that I may ask to see my records at any time.

Signed: _____ Date: _____

When completed please return to:

Sandra Edie

email: admin@southwarkgoldenoldies.co.uk

mobile: 07306 187476

Walworth Methodist Church Hall

54 Camberwell Road

London SE5 0EN