

Assist – Volunteer Application Form



Personal Details

First Name (s)	
Surname	
Date of Birth	
Gender	

Contact Details

Address	
Tel. Number(s)	
E-mail	

Next of Kin

First Name(s)	
Surname	
Relationship to you	
Telephone Number(s)	

How did you hear about Assist?

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Interests/Skill/Experience

Please use the space below to describe what type of Volunteering you are interested in and why you are thinking of volunteering with Assist.

Please list any skills/experience you think might be relevant to your Volunteering (eg. driving, first aid courses, related employment, chess player, musical talents etc)

Availability

	Mornings	Afternoons	Evenings
Weekdays			
Weekends			
Occasionally			

General Information

Are there any restrictions to the type of Volunteering activities you could undertake due to health or disability issues?

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Have you any medical needs or allergies you need to inform us about?

Have you ever been convicted of any criminal offence, or subject to any current criminal proceedings? If yes, please provide further details and be aware that this will be treated as confidential.

References

Please provide two referees who must be over 18 years old, not related to you, and have known you for more than two years.

Name	
Relationship to you	
Occupation	
Telephone	
Address	
Email	
Name	
Relationship to you	
Occupation	
Telephone	
Address	
Email	

[For office use only: Date references sent: _____ Date references received: _____]

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Monitoring

Assist is partially supported by a Manchester City Council Grant, for which we have to submit quarterly monitoring. The following questions relate to this monitoring, are confidential and will not be linked to your name or details.

Employment Status

Employed Full Time		Employed Part Time	
Retired		Registered Unemployed	
Student		Signed off work	
Other		Do not wish to disclose	

Ethnic Background

White British		Asian British	
White Irish		Asian Pakistani/Indian	
White (other)		Asian Other	
Black British		Eastern European	
Black Caribbean		Chinese	
Black (other)		Other	

Sexual Orientation

Heterosexual		Bisexual	
Lesbian		Other	
Gay		Do not wish to disclose	

Volunteer Agreement

I understand that Assist may need to carry out a DBS check (formerly CRB) before I can be approved as a volunteer. I also understand that all information given on this form is confidential, will not be passed on to any third parties, and that I can request to withdraw this form and information at any time. For volunteers involved in a driving role, I agree to take responsibility for informing my insurance company of this change.

Signature		Date	
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