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| **Volunteer Application Form** |

Thank you for your interest in volunteering with Kingston Carers’ Network. To get the process started we’d like to find out more about you. If you would like any assistance completing this form, please contact Lyndsey at volunteering@kingstoncarers.org.uk or 020 3375 8226.

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| **Title:** |  | **Surname:** |       |
| **First name:** |       | **Known as:** |       |
| **Date of Birth:** |       | **Contact details: Please provide at least one telephone number and an email address.** |
| **Address:** |       |
| **Telephone** |       |
| **Mobile** |       |
| **Postcode:** |       | **Email** |       |

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| **When might you be available to volunteer and how often?** |
| **Availability:** |  | **How often:** |  |
| **Weekdays** | [ ]  | **Regular** | [ ]  |
| **Evenings** | [ ]  | **One off** | [ ]  |
| **Weekends** | [ ]  | **Ad hoc** | [ ]  |

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| **Why are you interested in volunteering?** |
| **I want to help others** | [ ]  | **I have personal experience of being a carer** | [ ]  |
| **I have spare time and I want to use it productively** | [ ]  | **I have personal experience of being supported by Kingston Carers’ Network** | [ ]  |
| **I would like to meet new people** | [ ]  | **I have particular skills I can bring to the organisation** | [ ]  |
| **I would like to gain experience** | [ ]  | **Any other reasons (Please specify below)** | [ ]  |
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**Volunteering opportunities**

We have a number of volunteering opportunities available within Kingston Carers Network. Below is a list of the roles that may be available. Please tick all areas that interest you.

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| **Administration – Regular** | [ ]  | **Mentor for Young Carers** | [ ]  |
| **Administration – Ad Hoc** | [ ]  | **Counselling** | [ ]  |
| **Adult Carers’ Outings** | [ ]  | **Fundraising** | [ ]  |
| **Young Carers’ Activities – School Holidays** | [ ]  | **Driving** | [ ]  |
| **Young Carers’ Drop-Ins – Term Time** | [ ]  | **Other (please specify)** | [ ]  |
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**Preferred Age Group**

Please tick all that apply.

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| **Young Carers (ages 5 – 18)** | [ ]  |
| **Adult Carers (18+)** | [ ]  |
| **I don’t mind** | [ ]  |

**Skills**

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| **Please give brief details of your employment/education history** |
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| **Do you have any professional/voluntary experience or particular skills that you could use as a volunteer to benefit the organisation?**  |
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| **Do you need any additional support to enable you to volunteer?** | **Yes****(Please specify below)** | [ ]  |  **No** | [ ]  |
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**References**

Please provide details of two referees who are not related to you and who you have known for at least 2 years.

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| **Name:** |       | **Name:** |       |
| **Occupation:** |       | **Occupation:** |       |
| **Address:** |       | **Address:** |       |
| **Contact number:** |       | **Contact number:** |       |
| **Email:** |       | **Email:** |       |
| **Relationship to you:** |       | **Relationship to you:** |       |

**Emergency contact details**

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| **Name:** |       |
| **Contact number:** |       |
| **Relationship to you:** |       |

**Keeping in touch**

As part of your volunteering role we will contact you with volunteering updates and information, for example, our quarterly volunteer bulletin, information about Volunteers’ Week or invitations to volunteering events. Please indicate below whether you would prefer to receive this information via email, telephone or post.

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| **Email** | [ ]  | **Telephone** | [ ]  | **Post** | [ ]  |

**Criminal Convictions**

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| **Rehabilitation of Offenders Act 1974****All potential volunteers applying for the following roles will be required to have a Disclosure and Barring Service (formerly CRB) check, which Kingston Carers’ Network will undertake on your behalf.** * Young Carer Mentor
* Young Carers’ Activity Enabler (term time and holiday activities)
* Counsellor
* Trustee
* Driver – Young Carers’ Project

We recognise the contribution that ex-offenders can make as volunteers and welcome applications from them. A person’s criminal record will not, in itself, debar that person from being appointed to a role. Any information given will be treated in the strictest confidence. Suitable applicants will not be refused roles because of offences which are not relevant to, and do not place them at or make them a risk in, the role for which they are applying. |

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| **Criminal record declaration form (exempt positions)**Do you have any cautions, convictions, reprimands or final warnings which are not protected by the ROA 1974 (Exceptions) Order 1975? |
| **Yes** | [ ]  | **No**  | [ ]  |
| If you have answered yes, you now have two options on how to disclose your criminal record. **Option 1:** Please provide details of your criminal record in the space below.     **Option 2:** You can disclose your record on a separate piece of paper in an envelope marked CONFIDENTIAL and your name.I have attached details of my conviction(s) separately [ ]  |

**Declaration**

**I declare that, to the best of my knowledge, the information I have given is true and accurate and understand that giving false or misleading statements or withholding information may lead to the withdrawal of my volunteering role.**

**I understand that my personal details will be held by Kingston Carers’ Network in accordance with the Data Protection Act.**

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| **Signature:** |       | **Date:** |       |

**Returning your application**

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| **By Email** | **By Post** |
| volunteering@kingstoncarers.org.uk  | Volunteer CoordinatorKingston Carers’ Network418 Ewell RoadSurbitonKT6 7HF |

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