



Volunteer Application - Worcestershire

Completed form to be sent to Volunteer Team, Williamson House, 14 Charles St, Worcester WR1 2AQ

Volunteers are put in a position of trust with people who are vulnerable and we ask all prospective volunteers to provide some basic information using this form. All information is confidential and stored on our in-house database which only our employees can access.

Personal Details

Full Name:

Address:

Postcode:

Date of Birth:

Home Tel:

Work Tel:

Mobile:

Email:

Do you have your own transport? ☐ Yes ☐ No

Which areas would you be prepared to volunteer in/travel to within Worcestershire?

☐ Droitwich

☐ Worcester

☐ Evesham

☐ Wyre Forest

☐ Malvern

☐ Redditch

☐ Pershore

☐ Bromsgrove

It would be helpful to us if you would give details below of any personal experience you have of disability or ill health. Your experience may enable you to understand and empathise with issues faced by those we support:

Are you interested in becoming a:

☐ Volunteer Advocate

☐ Volunteer Mentor

☐ Group Support

☐ Not sure

☐ Volunteer Befriender (tick one or more)

How did you hear about Onside?

☐ Leaflet

☐ Other voluntary organisation

☐ Word of mouth

☐ Advert

Other, please specify:

Status:

☐ Employed ☐ Unemployed ☐ Student ☐ Retired

Other, please specify:

Why would you like to be a volunteer with Onside?

Please tell us about your life/work experience, skills, achievements etc and anything else you think you may be able to offer.

If you have been or are involved in any other voluntary work, please tell us about the organisations and your role.

References

Please give the names of two people we can contact for a reference. If possible, one referee should be someone who knows you personally, but not a member of your family. The second referee should be someone who has worked with you in a voluntary or work experience situation. (Referees need to have known you for over 2 years. If you have difficulties with references please contact Claire Watkins on 01905 27525.)

First Referee

Name:

Address:

.....

Postcode:

Telephone: Email:

Capacity in which the referee is known to you:

.....

Second Referee

Name:

Address:

.....

Postcode:

Telephone: Email:

Capacity in which the referee is known to you:

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Please note that successful application to volunteer with Onside Independent Advocacy is subject to 2 referees, completion of the training course and a Disclosure Barring Service Check (DBS).

Signature:

Date: