

Volunteer Application Form



Thank you for your interest in volunteering with the Brendoncare Foundation. Please complete all sections of this form and return to:
Brendoncare, The Old Malthouse, Victoria Road, Winchester SO23 7DU

PLEASE USE BLOCK CAPITALS

Full name: Mr/Mrs/Miss/Ms.....

Address:

.....

Postcode:Home tel:

Mobile tel:

Are you interested in volunteering in:

Email:

(please circle) Homes Clubs Both

Date of birth:

Emergency contact name:

Emergency contact telephone:Relationship to you:

Drivers licence: Yes/No Own car: Yes/No Endorsements:

Do you have any health conditions or disabilities of which we should be aware? Please give details:

.....

Please circle your employment status:

Full time employment/Part time employment/unemployed/Retired/Student/other

What experience do you have of volunteering?

.....

What are your reasons for volunteering and what you can offer Brendoncare Homes/Clubs?

.....

Please indicate what volunteering role you are interested in:

.....

At which Brendoncare Home /Club would you like to volunteer?

.....

Please indicate if there are specific days and/or times you would like to volunteer:

.....

How regularly would you like to volunteer?.....

How did you hear about us?.....

References



Please provide details of two referees who are not related to you and who have known you for at least two years. Please note, at least one of these referees should know you in a professional capacity eg: previous employer, previous volunteer supervisor, faith leader, teacher

Name:Mr/Mrs/Ms/Miss

Address:.....

.....Postcode:..... Tel:.....

Email:.....Relationship to you:.....

Name:Mr/Mrs/Ms/Miss

Address:.....

.....Postcode:..... Tel:.....

Email:.....Relationship to you:.....

Do you have any criminal convictions or any that are pending? Please give details:

.....
All staff and volunteers with The Brendoncare Foundation are subject to a Disclosure & Barring Service check. Please note that a criminal conviction will not necessarily prevent you from volunteering with The Brendoncare Foundation but failure to disclose this information will result in the termination of any arrangements made.

Data Protection

The personal information contained on this form will be held by The Brendoncare Foundation on its membership database for the purposes of recording your volunteering. The Brendoncare Foundation will not disclose this information to any organisations outside the Brendoncare family of charities. The Brendoncare family of charities includes the Brendoncare Foundation, Club Hampshire, Club Bournemouth & Poole and club Dorset.

We would like to send you information about the work of The Brendoncare Foundation and its group of charities. If you DO NOT agree to be contacted this way please tick the box.

Declaration:

I am applying for a voluntary position at The Brendoncare Foundation. I understand that I have NOT entered into any employment contact and that is binding in honour only.

I understand that my application will only be accepted following an interview, and receipt of satisfactory references and Criminal Record Bureau check. If accepted, I agree to comply with Brendoncare Foundation’s volunteering procedures and to volunteer in line with Brendoncare’s mission statement.

I confirm that the information given on this form is correct and understand that any information later discovered to be incorrect may result in the termination of any arrangements made.

Signature:..... Date:.....

Tel: 01962 857097 www.brendoncare.org.uk reg charity number 326508

RECRUITMENT MONITORING FORM

APPLICATION FOR THE POST OF:	Volunteer
-------------------------------------	------------------

The Brendoncare Foundation is committed to providing equality of opportunity and embracing diversity in all its forms. Our aim is to ensure that all applicants are given equal opportunity regardless of age, disability, ethnic or national origin, gender, marital status, political opinion, religion, religious belief or sexual orientation. This sheet is detached from the remainder of the application and does not form any part of the selection process.

A. PERSONAL DETAILS:

Surname Name: _____ First Name: _____

Gender: Male Female

B. AGE GROUP:

21 or under 22-30 31-39
40-50 51+

C. HEALTH

The Foundation will be pleased to consider any special requirements, reasonable resources or facilities to support disabled persons both in applying for positions and in working for the Foundation.

How would you describe your health?

Able bodied with no medical condition Able bodied with a medical condition
Disabled requiring no special facilities or resources Disabled needing special requirements or assistance with facilities or resources

If you have a health condition or disability, what support or assistance (if any) may you need to assist you in your application or employment?

.....

D. ETHNIC ORIGIN

How would you describe your race or ethnic origin?

White British White Irish White Other
BLACK / BLACK BRITISH
Black African Black Caribbean Black Other
ASIAN / ASIAN BRITISH
Indian Pakistani Bangladeshi
Other Asian
MIXED RACE
White & Black African White & Black Caribbean White & Asian
White & Other Please specify _____
Chinese
Any Other Please specify _____

DO NOT WISH TO ANSWER

