# Application for Volunteers

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post Applied for: | | | | | | Areas of Volunteering: | | | | | | | | | | | |
| First name: | |  | | | | | | | | | | | | | | | |
| Surname: | |  | | | | | | | | | | | | | | | |
| Date of Birth: | |  | | | | | |  | | | |  | | | | | |
| Address: | |  | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Home Tel: | |  | | | | | | | Work Tel: | | | |  | | | | |
| Mobile: | |  | | | | | | |  | | | |  | | | | |
| Email: | |  | | | | | | | | | | | | | | | |
| Commitment | | | | | | | | | | | | | | | | | |
| How often do you feel you will be able to commit to volunteering? | | | | | | | | | | | | | | | | | |
| Weekly | | | | Fortnightly | | | Monthly | | | | | | | Occasionally | | | |
| **When are you normally available:** | | | | | | | | | | | | | | | | | |
| Weekdays | | | | | | | | | | | | | | | | Flexible | |
| Mon AM | Tue AM | | | | Wed AM | | Thu AM | | | | Fri AM | | | | |  | |
| Mon PM | Tue PM | | | | Wed PM | | Thu PM | | | | Fri PM | | | | |  | |
| **Notes** | | | | | | | | | | | | | | | | | |
| Skills and Experience | | | | | | | | | | | | | | | | | |
| Please give us some information about your skills and experience that may be useful to the role. This could be your present or previous job, your hobbies and interests, skills from living with sight loss, being a carer, looking after a family or from volunteering with other organisations. | | | | | | | | | | | | | | | | | |
| Relevant Qualifications | | | | | | | | | | | | | | | | | |
| Please list any qualifications you feel are relevant, for example: My Guide Training, First Aid, Skills for Seeing. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Supporting Statement | | | | | | | | | | | | | | | | | |
| Please indicate how you heard about Devon in Sight, why you are interested in being a volunteer for Devon in Sight and about the kind of activities with which you would like to be involved. If you are interested in a specific role, please enter the details below. | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | |
| Please provide two references, who you have known for at least two years and are aged 18 or over. They must not be a family member/partner or live in the same household as you. | | | | | | | | | | | | | | | | | |
| Reference 1 | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | |
| Organisation: | | |  | | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | | | | | | | |
| Home Address: | | |  | | | | | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | | | |
| In what capacity do you know this person? | | | | | | | | | |  | | | | | | | |
| Reference 2 | | |  | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | |
| Organisation: | | |  | | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | | | | | | | |
| Home Address: | | |  | | | | | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | | | |
| In what capacity do you know this person? | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
| Disability | | | | | | | | | | | | | | | | | |
| If you have a disability please tell us about any adjustments we may need to make to assist you. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Disclosure and Barring Service | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a criminal offence? | | | | | | | | | | | | | | | Yes | | No |
| This Declaration subject to the Rehabilitation of Offenders Act 1974. The exemptions to the Rehabilitation of Offenders Act 1974 require that all spent or unspent convictions must be declared by applicants for posts at Devon in Sight, such as those that involve contact with children or vulnerable adults. If you have any convictions you are required to declare, these should be sent with your application form, but in a separate sealed enveloped marked Private and Confidential for the Attention of the Operations Manager. All volunteering is subject to a satisfactory Disclosure and Barring Service check (Except Sight Loss Ambassador). | | | | | | | | | | | | | | | | | |
| Declaration | | | | | | | | | | | | | | | | | |
| The information I have provided on this application form for volunteering is, to the best of my knowledge, correct. I understand that falsifying or withholding information may result in my dismissal. I understand that the information given on this application form for volunteering will be handled and processed in accordance with the Data Protection Act 1998. If I am appointed as a volunteer, the information will form part of my record. I understand that it may be used for statistical analysis and to administer the Company’s operations. | | | | | | | | | | | | | | | | | |
| Signed: | |  | | | | | | | | | | | Date: | | | | |

# ***Based on Template from ACAS***