**Chandlers Ford Good Neighbours**

**Volunteer Application**

**Please supply the following information:**

Mr Mrs Ms (please circle) First name ................................................. Last name .............................................................

Address .......………………………….........................................................................................................................................................

Postcode ..............………………………….......... Home telephone ...............................................……..........…………….........

 Mobile ...............................................……..........……………………………..........

Email address ...........................................................……………………………....................................................................................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick the types of help you can offer:**

|  |  |  |
| --- | --- | --- |
| At client’s home: | **Driving to hospitals:** | Committee work: |
| Visiting/befriending  | Romsey  | Co-ordinator  |
| Reading/writing letters  | Winchester   |  |
| Dog walking  | Southampton |  |
| Driving locally to include: | Basingstoke  |  |
| Shopping and small errands  | Andover  |  |
| Local medical appointments  | Lymington  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your likely availability. Even if you can only offer occasional help, an indication of which days would suit you better helps us.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Afternoon | Evening Seldom needed |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday Seldom needed |  |  |  |
| Sunday Seldom needed |  |  |  |

**What level of commitment can you offer?** (please circle as appropriate)

Do you want regular tasks e.g. weekly? Less frequent than weekly? Occasional/reserve list?

**References: please give the name of 2 referees (not relatives)**

1 Name ...........................................................................................................…..........................................….........………......................

 Address ..............................................................................................................................................................................…….............

 Postcode ........................................................... Telephone ............………………………….............................................

2 Name ...........................................................................................................…..........................................….........………......................

 Address ..............................................................................................................................................................................…….............

 Postcode ........................................................... Telephone ............………………………….............................................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Rehabilitation of Offenders Act 1974 (Exemption) Orders 1975 & 1986

# The provisions relating to the non-disclosure of criminal convictions do not apply to the voluntary work for which you are applying. Therefore it is necessary to disclose any criminal convictions even if, under the Rehabilitation of Offenders Act, they would otherwise be regarded as spent. Disclosing an offence will not necessarily prevent you from volunteering.

To protect vulnerable adults, for roles such as driving or visiting people in their homes a Disclosure and Barring Service (DBS) disclosure will also be required.

Have you been convicted of any criminal offence at any time? Yes  No 

Do you have any charges pending Yes  No 

If yes, please give details of the conviction(s), charges(s) and date(s). Please provide these for the group’s Safeguarding representative in an envelope marked confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent to hold personal information**

 Please tick box

In accordance with the General Data Protection Regulation (GDPR), I agree that Chandlers Ford Good Neighbours Group will process and hold personal information about me only in relation to the volunteering that I am undertaking and to keep in touch with me with information updates from the group. I consent to my personal information, including that contained in this form, being stored manually or electronically. It will be held securely and treated confidentially for the time that I am volunteering and will only be accessed by authorized members in the group. It will not be shared with any other organizations. It will be discarded safely when I am no longer part of the group.

I have been made aware of my rights under GDPR.

Signature ............................................................................................. Date ...............................……..................................

Please return this form by email to cfgnchairman@gmail.com , or post to:

Chandlers Ford Good Neighbours, 28 Lakewood Road, Chandlers Ford,

Eastleigh SO53 1EW 06/23