|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | First Name |  |
| Middle Name(s) |  | Surname |  |
| Pronouns |  | Date of Birth |  |
| Ethnicity |  | Language(s) |  |
| Address |  |
|  | Postcode |  |
| Telephone |  | Mobile |  |
| Email |  |
| Communication Preference | Email | Post |
| Large Print | Audio |
| From time to time, we would like to send you updates about our work, services and other ways you can support us, including fundraising activities. If you would like to receive these communications, please indicate below. You will still receive our Newsletter, with updates and information regarding your volunteering role. |
| Services | Fundraising |
| Which Home Services (Befriending, Reading, Shopping) role(s) are you interested in? |
|  |
| Would you be interested in other volunteer roles? For example, Walking Guide, Social and Activities and/or an occasional Driver. |
|  |
| How did you hear about this volunteering opportunity? |
|  |
| Please tell us why you would like to become a Volunteer and what you will bring to the role? |
|  |
| Have you any skills, personal experiences or hobbies, which may be relevant to this role? *Please include as much information as possible, this will assist us to match you with a service user.* |
|  |
| Would you be prepared to befriend a client with more complex needs? *For example, service users with physical, emotional, social or communication difficulties.* *If you answer “no”, it will not prevent you from becoming a Home Services Volunteer.* |
| Yes | No |
| If you have answered “yes” to the question above, do you have any experience of supporting people with more complex needs? |
|  |
| Which activities would you be happy to undertake during your visit? |
| Home Visits | Reading | Shopping |
| Local Visits | BV Social Activities | Other |
| Please give tell us about other activities you would be happy to undertake |
|  |
| Do you have any medical conditions or disabilities which may affect your volunteering and therefore require any support? |
|  |
| Referees: Please give the names and addresses of two referees, an email address is preferable. *Please refer to your Volunteer Welcome Pack for information on referees, and who you can use.*  |
| Full name: | Full name: |
| Email: | Email: |
| Address: | Address: |
|  |  |
| Postcode: | Postcode: |
| Contact number: | Contact number: |
| Disclosure and Barring Service (DBS) |
| Are you a member of the Update Service? *www.gov.uk/guidance/digital-and-online-services* | DBS Certificate number: |
| The role you are applying for may require an Enhanced DBS check for Working with Adults *(refer to the role description)*. Do you agree to undergo this check? | Yes | No |
| Due Diligence Checking Ltd have been appointed as the Criminal Record Checking partner for BucksVision, to enable us to carry out criminal record checks on certain volunteering roles. This is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.By signing this application form you are consenting to BucksVision carrying out a check via the Disclosure and Barring Service for paper forms and Due Diligence Checking Ltd for an online check. If you are registered with the DBS’ update service, by signing this form you are consenting to BucksVision to carry out a check via the Update service. You can withdraw this consent at any time; however, this will mean that you will not be able to continue your application/your active role as a check is a requirement of the role. We will store a copy of this form in line with GDPR guidelines.  |
| Do you have any criminal convictions? *Disclosure of criminal convictions will not necessarily exclude you**from volunteering. This information will be treated in the strictest confidence.* |
|  |
| The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be considered. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website www.gov.uk/government/organisations/disclosure-and-barring-service |
| What days and times are you available, and how often would you like to volunteer? *Some roles require you to be available on certain days and times, please refer to your role description to confirm you are available when the role you are applying for occurs.* |
|  |
| I have read the Standard Check Privacy Policy for applicants https://www.gov.uk/government/publications/dbs-privacy-policies and I understand how DBS will process my personal data and the options available to me when applying.I wish to apply to become a volunteer. The information I have given is correct at the date of this application. In accordance with the 1998 Data Protection Act, I agree that the BucksVision may hold information about me for volunteering reasons. This will be kept securely, manually or on computer and accessed only by authorised personnel. |
| Signature: | Date: |
| Are you happy to undertake voluntary driving as part of your role? |
| Yes, continue to Drivers Section | No, application form completed |

Thank you for completing this form, please return it to us

**Volunteer Supervisor, BucksVision, 143 Meadowcroft,**

**Aylesbury HP19 9HH**

volunteering@bucksvision.co.uk

01296 487 556

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[Facebook.com/bucksvision](http://www.facebook.com/bucksvision)

[Twitter.com/bucksvision](http://www.twitter.com/bucksvision)

[Instagram.com/bucksvision143](http://www.instagram.com/bucksvision143)

|  |
| --- |
| **VOLUNTEER DRIVERS’ INFORMATION** |
| Do you hold a full driving licence? | Confirm |
| Driving Licence number |  |
| Expiry date |  | Date of issue |  |
| Do you have any endorsements? | Yes *(give details below)* | No |
|  |
| Have you been involved as a driver in an accident in the past 5 years? | Yes*(give details below)* | No |
|  |
| Please confirm that you are medically fit to drive as required by the DVLA. | Confirm |
| Car registration number |  |
| Make |  |
| Model |  |
| Do you hold comprehensive insurance for the above vehicle? | Confirm |
| Number of car doors |  |
| Maximum number of passengers |  |
| I am prepared to drive up to (miles) | 5 | 10 | 20 | 30 |
| I am prepared to transport a Guide Dog | Yes | No |
| You will be required to inform your insurance company that you are undertaking non-profit making volunteer driving on behalf of BucksVision, which is classed as social and domestic use rather than business use. |

