

Volunteer Application Form

About you

Name

What name do you prefer to be called by?

Home address & postcode

Telephone number

E-mail address

Please tell us why you are interested in volunteering with us?

When are you available to volunteer, e.g. evenings, day time, weekends, flexible?

Is there anything we can do to make volunteering more accessible for you? For example, do documents in large print or provide a hearing loop.

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Rehabilitation of Offenders Act (1974) (Exemption Order 1975)

As you may be working with children or vulnerable adults, we have to ask:

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered 'Yes' please give details of any convictions, including any which are now spent:		

If you have been barred from working with children or vulnerable adults or have a serious spent or unspent conviction, you will not be able to volunteer for Healthwatch Cambridgeshire; however, we welcome applications from individuals with minor and spent convictions.

References

Please give details of two referees who have known you for at least one year. A referee can be a previous employer or someone from an organisation you have volunteered with. They could also be a social worker, probation officer, or anyone else who has worked with you and knows you. Family members cannot be referees.

Referee 1

Name	<input type="text"/>
Address, including postcode	<input type="text"/>
How do you know them?	<input type="text"/>
Telephone number	<input type="text"/>
E-mail address	<input type="text"/>

Referee 2

Name	<input type="text"/>
Address, including postcode	<input type="text"/>

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How do you know them?

Telephone number

E-mail address

Data Protection Statement

- ✓ I confirm that the personal information that I have supplied is accurate.
- ✓ I consent to the processing by the organisation of personal data relating to me as necessary for the performance of my activities on behalf of the organisation and/or the conduct of the organisation's business.
- ✓ I agree that I may be contacted by Healthwatch Cambridgeshire in writing or by telephone for the purposes of this volunteer application.

All information will be stored in line with Data Protection Act 1998.

Please sign below (writing your name in the box constitutes a signature) to indicate that the information you have given us is correct and that you are happy for us to contact your referees in advance.

Signed

Date

Please tell us how you heard about Healthwatch Cambridgeshire.

- Please tick this box if you want to be added to our fortnightly Your Voice e-newsletter. You can unsubscribe at any time.

Please return your completed application form to:

Freepost RTHA-RTYE-SATT, Healthwatch Cambridgeshire
The Maple Centre, 6 Oak Drive, Huntingdon, PE29 7HN

Or email it to us at: angela.grief@healthwatchcambridgeshire.co.uk

Thank you for your volunteer application!

Equality Monitoring form

You don't have to complete this page but it helps us make sure we are recruiting volunteers from all sections of the community.

This page will be removed from your application before we shortlist.

Which ethnic group do you belong to?

What year were you born?

What is your gender?

What is your sexual orientation?

Do you consider yourself to have a disability?

Which area do you live in? e.g. Cambridge, South Cambridgeshire, East Cambridgeshire, etc