**VOLUNTEER**

**APPLICATION FORM**

**YOUR DETAILS**

|  |
| --- |
| TITLE: Mr  Mrs  Miss  Other (please specify) |
| FIRST NAME:       LAST NAME: |
| DATE OF BIRTH:       MALE  FEMALE |
| ADDRESS:  POSTCODE: |
| HOME TEL:       MOBILE: |
| EMAIL: |
| PREFERRED CONTACT METHOD: Phone Email |

**YOUR AVAILABILITY –** Please tell us when you are most likely to be free to help. Don’t worry if this changes; TGNS works around your commitments.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUES | WEDS | THURS | FRI | SAT | SUN |
| MORNING |  |  |  |  |  |  |  |
| AFTERNOON |  |  |  |  |  |  |  |
| EVENING |  |  |  |  |  |  |  |

**HOW YOU CAN HELP –** What services would you like to be able to help with?

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| OCCASIONAL TRANSPORT |  |  |
| HELP WITH SHOPPING |  |  |
| LIGHT GARDENING |  |  |
| HAVING A CHAT/BEFRIENDING |  |  |
| FILLING IN FORMS/ADVOCACY/LETTER WRITING |  |  |
| WALKING/FEEDING PETS |  |  |
| PRACTICAL HOUSEHOLD TASKS/MINOR REPAIRS |  |  |
| PRESCRIPTION/LIBRARY BOOK COLLECTION |  |  |
| LIGHT TECHNICAL SUPPORT |  |  |
| SITTING SERVICE TO TEMPORARILY RELIEVE CARER |  |  |

**YOUR SKILLS/HOBBIES**

Please provide information of any work experience, other voluntary work or hobbies that may be of relevance. TGNS understands that you will only use these at your discretion.

|  |
| --- |
|  |

**DISCLOSURE & BARRING SERVICE (DBS) CHECK**

This role is subject to a DBS check (formerly a Criminal Records Bureau check). If you have previously had a DBS check, please provide us with your reference number:

|  |
| --- |
|  |

**CRIMINAL CONVICTIONS**

Do you have any criminal convictions (other than minor driving offences)? If yes, please state date and nature of conviction.

|  |
| --- |
|  |

**REFEREE**

Please provide details of an independent referee who would be willing to supply a character reference – they cannot be related to you.

|  |
| --- |
| NAME: |
| ADDRESS: |
| EMAIL: |
| TEL: |

**DRIVER REGISTRATION**

***Only complete this section if you wish to offer your services as a volunteer driver***.

|  |
| --- |
| DRIVERS NAME: |
| DRIVERS ADDRESS:  POSTCODE: |
| DRIVER LICENCE NUMBER: |
| EXPIRY DATE: |
| REGISTRATION: |
| VEHICLE MAKE/MODEL: |
| VEHICLE COLOUR: |
| NO. OF DOORS: |
| CAN ACCOMMODATE FOLDING WHEELCHAIR: |
| CAR INSURANCE PROVIDER: |
| POLICY NUMBER: |
| RENEWAL DATE: |
| **VOLUNTEER DRIVERS DECLARATION**  I wish to offer my services as a volunteer driver. I have been informed of the procedures and I understand fully what I may be asked to do.  I confirm that I hold a valid driving licence and motor insurance. I have advised my insurance provider of my intention to drive on a voluntary basis. Should either my licence or insurance lapse or my licence be endorsed, I will inform the Management Committee/Co-ordinator.  My car is taxed and has a current MOT (if required) and it will be kept in a safe and roadworthy condition. I will at all times comply with relevant legislation governing the use of motor vehicles. I undertake to inform the Management Committee/Co-ordinator of any material changes to my health of any other circumstances affecting my ability to carry out voluntary driving work.  **Signed:**       **Date:** |

**Thank you for your interest. Any information submitted in this form is confidential and covered by the Data Protection Act 1998.**

**SIGNATURE**

I declare that the information provided above is correct.

Signed:       Date:

Print Name:

**Please return your completed application to:**

TGNS

c/o Thame Town Hall

High Street

Thame, OX9 3DP

**or email it to:** info@thamegns.org