**VOLUNTEER FORM**

**Personal details**

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Home Address** |  |
|  |  |
|  |  |
| **Post Code** |  |
| **Tel (Day)** |  |
| **Mobile** |  |
| **E-Mail** |  |

**Date of Birth** **Male / Female**

**Why have you applied to volunteer with Amputation Foundation?**

|  |
| --- |
|  |

**Previous experience of volunteering**

|  |  |  |
| --- | --- | --- |
| **Dates** | **Organisation and contact details** | **Role and responsibilities** |

**Most Recent Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Employer**  | **Job title** | **Role description** |

**Experiences and Skills** please tick.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Customer services** **Helpline support****Administration****Finance****Languages****Counselling****I T- Internet and emailing****Microsoft Word** **Other relevant skills and experience**  | None | Some | Good | V.Good |
| None | Some | Good | V.Good |
| None | Some | Good | V.Good |
| None | Some | Good | V.Good |
| None | Some | Good | V.Good |
| None | Some | Good | V.Good |
| None | Some | Good | V.Good |
| None | Some | Good | V.Good |
| None | Some | Good | V.Good |

|  |
| --- |
| **Your Knowledge of Amputation Foundation?****How can you and your skills make a difference to the work we do?****Have you accessed support from Amputation Foundation? Y/N**  |

# Do you drive? Y/N

**Do you have your own transport? Y/N**

**Do you have access to a computer with broadband? Y/N**

**When will you be available?**

**MON between &**

**TUE between &**

**WED between &**

**THU between &**

**FRI between &**

**SAT between &**

**SUN between &**

**Occasional**

**On Request**

**Area of Interest**

**Family support**

**Awareness raising**

**Helpline support**

**Communications**

**Fundraising**

**Other**

**REFEREES**

**Please give details of two people (one of whom will be your current or most recent employer/tutor) who have known you for at least 6 months and would be willing to provide a character reference.**

**Please include their full name, occupation, address, telephone number and email. Referees will be contacted as part of our safe recruitment policy.**

Name

Occupation

Address

Tel Number

Email

Capacity known to you

Name

Occupation

Address

Tel Number

Email

Capacity known to you

**As part of our safe recruitment policy we ask staff and volunteers to tell us if you have any convictions, cautions, reprimands or warnings that would have an impact on your role and the services that are provided by Amputation Foundation.**

**Yes No**

**If yes, please give details:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Conviction** | **Sentence** |
|  |  |  |
|  |  |  |

**DBS - Do you have a current DBS certificate?**

**If yes, please state the level and certificate number**

|  |
| --- |
|  |

**Do you have any special needs that we need to take account of?**

|  |
| --- |
|  |

**The information you have provided on this form will be processed in line with the Data Protection Act 1998. To process your application we may need to disclose the information we receive from you to others.**

 **I agree to the Amputation Foundation processing and retaining the personal information contained on this form for any purposes connected to my application or my health and safety while on the premises.**

**I confirm that the information I have provided here is a truthful declaration**

**Volunteers will be asked to provide 2 documents to confirm their identity**

**Signature……………………………………………………Date……………………………**

**Your details may be kept on a volunteer database and we may use the data to keep you up to date with other volunteer opportunities and Amputation Foundation news.**