

PLEASE NOTE: Volunteers must be over 18 years old.

Any information given on this form is confidential and covered by the the General Data Protection Regulations

PERSONAL DETAILS

Full name: _____

Address: _____

Postcode: _____

D.O.B: _____

Home Phone: _____

Mobile: _____

Email address: _____

EMERGENCY CONTACT

Name: _____ **Relationship:** _____ **Phone:** _____

HOW DID YOU HEAR ABOUT STONEPILLOW?

WHY WOULD YOU LIKE TO VOLUNTEER FOR STONEPILLOW?

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN A CLIENT AT STONEPILLOW?

YES: _____ NO: _____ DETAILS _____

Would you like to volunteer AD HOC or REGULARLY: _____

Do you hold a valid UK driving license?

Do you own your own car?



Employment & Voluntary Experience

Present employment and/or voluntary experience/s:

Previous employment and/or voluntary experience/s:

Skills & what could you offer?

Details of other skills, qualifications or interests that may be relevant:

REFEREES

Name: _____

Occupation: _____

How do you know this referee: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Occupation: _____

How do you know this referee: _____

Address: _____

Phone: _____ Email: _____

HEALTH & ADDITIONAL NEEDS

	YES	NO	COMMENTS
Do you have any medical issues we should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any physical health/mobility problems?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication for your physical health problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any mental health support needs?	<input type="checkbox"/>	<input type="checkbox"/>
if so are you taking medication for this?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving any treatment at present?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any drug or alcohol issues we should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any diagnosed learning difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Is English your first spoken language?	<input type="checkbox"/>	<input type="checkbox"/>
Are you computer literate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold any qualifications in English?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold any qualifications in Maths?	<input type="checkbox"/>	<input type="checkbox"/>

REHABILITATION OF OFFENDERS ACT 1974

Do you have any criminal convictions, cautions, bind-overs or prosecutions pending (whether spent or not under the Rehabilitation of Offenders Act)?

Yes / No

If Yes, please provide details to the HR Manager in a sealed envelope marked "Strictly Confidential" and return the envelope with your application.

Depending on the voluntary role you will be undertaking, in order to comply with the Care Standards Act we may require volunteers to undertake a DBS (Disclosure & Barring Service) check. Please note that a criminal record will not necessarily preclude you from volunteering at Stonepillow, any information disclosed will be subject to a risk assessment and will only be a bar to you volunteering with us where there is a potential risk to Stonepillow or the vulnerable adults in its care.

As part of this Disclosure, the PoVA (Protection of Vulnerable Adults) list is also checked. In relation to this list you will be signing the following statement:

"I have not been involved in any incident(s) of misconduct in relation to vulnerable adults."

CONFIDENTIALITY

In working with clients of Stonepillow, you will often deal with or hear information, which is of a confidential nature. This may be of a personal nature or it may be to do with the work of a group or an organisation. It is important that all of our clients feel confident that they can speak freely in their dealings with us and it is therefore essential that you understand the importance of confidentiality. It is essential that you do not pass on information that you receive from our about our clients or Stonepillow to anyone outside of the organisation.

I agree to hold as confidential anything I hear or see relating to a client, to the service or to a fellow worker and restrict discussion about clients within the work area. I agree that all such discussions should be purposeful and never frivolous.

DECLARATION

General Data Protection Regulations – Any personal information such as name, postal address, telephone number, emergency contact details and email address given via this form will only be used for volunteering purposes and to keep in touch with you about volunteering opportunities with Stonepillow. It will be stored securely, and will not be disclosed to any other third party without your prior permission or unless we are required to do so by law.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____