|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** Mr/Mrs/Miss/Ms/Dr/other | | |  | | | | | |
| **First name** | | |  | | | | | |
| **Last name** | | |  | | | | | |
| **Preferred name** | | |  | | | | | |
| **Gender** | | |  | | | | | |
| **Address** | | |  | | | | | |
| **Postcode** | | |  | | | | | |
| **Telephone number** | | |  | | | | | |
| **Mobile number** | | |  | | | | | |
| **Email address** | | |  | | | | | |
|  | | |  | | | | | |
| **Emergency contact details** | | | | | | | | |
| **Name** | | |  | | | | | |
| **Relationship** | | |  | | | | | |
| **Telephone number** | | |  | | | | | |
| **Please let us know what areas you are interested in by ticking one or more of the boxes below.**  If you are applying for a specific role, please state the role title. | | | | | | | | |
| **Role** |  | | | | | | | |
| **I am applying for a role advertised in…** | | | | | | | | |
| fundraising and events 🞏 | | | | office administration 🞏 | | | | |
| family carers hubs 🞏 | | | | young carers groups 🞏 | | | | |
| young carers day trips 🞏 | | | | day clubs 🞏 | | | | |
| Listening Ear befriender 🞏 | | | |  | | | | |
| **If you wish to help in a different way from those mentioned above, please tell us.** | | | | | | | | |
|  | | | | | | | | |
| **Do you have any previous voluntary experience?** | | | | | | | | |
|  | | | | | | | | |
| **What interests you about volunteering with Caring Together?** | | | | | | | | |
| **We can’t wait for you to join us!** | | | | | | | | |
| **How much time can you offer us?** | | | | | **am** | | **pm** | **Evening** |
|  | | | **Monday** | | 🞏 | | 🞏 | 🞏 |
| **Short term** 🞏 | | | **Tuesday** | | 🞏 | | 🞏 | 🞏 |
| **Open ended** 🞏 | | | **Wednesday** | | 🞏 | | 🞏 | 🞏 |
| **Other (please specify)** | | | **Thursday** | | 🞏 | | 🞏 | 🞏 |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Friday** | | 🞏 | | 🞏 | 🞏 |
| **Saturday** | | 🞏 | | 🞏 | 🞏 |
| **Sunday** | | 🞏 | | 🞏 | 🞏 |
| **Is there anything we need to know about your health?**  Meeting your needs: if you require additional support or equipment, please tell us so that we can plan to meet your requirements. | | | | | | | | |
|  | | | | | | | | |
| **The role you are interested in may require us to complete a criminal records check (DBS). Are happy for us to do this?** Please do contact us to discuss this further.  **Yes** 🞏 **No** 🞏 | | | | | | | | |
| **References**  Please provide two references from people who can comment on your suitability to volunteer with Caring Together. These shouldn’t be a relative or your partner.  Please discuss this with the volunteer coordinator if you have any difficulties with providing these. | | | | | | | | |
|  | | **Reference 1** | | | | **Reference 2** | | |
| **Name** | |  | | | |  | | |
| **Address** | |  | | | |  | | |
| **Postcode** | |  | | | |  | | |
| **Tel. no.** | |  | | | |  | | |
| **Email** | |  | | | |  | | |

I confirm that the information given on this form is, to the best of my knowledge, accurate. I agree to abide by the policies and uphold the values and behaviours of Caring Together.

By signing this form, I consent to Caring Together recording my details on their confidential database and storing information in accordance with GPPR guidelines.

I understand my role may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times.

Signed …………………………………………………………………

Date …………………………………………………………………

All information will be held by Caring Together in a confidential manner.

**Please return your completed form to** [volunteers@caringtogether.org](mailto:volunteers@caringtogether.org)