|  |  |
| --- | --- |
| **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 interested in finding out more about:** |
| Customer service/administration o | Events/carer awareness o |
| Trained counsellor o | Carer hubs o |
| Young carers day trips/groups o | Parent carer hubs/workshops o |
| Day clubs o | Norfolk befriending service o |
| **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 Charity?** |
| **How much time can you offer us?** | **am** | **pm** | **Evening** |
|  | **Monday** | o | o | o |
| **Short term** o | **Tuesday** | o | o | o |
| **Open ended** o | **Wednesday** | o | o | o |
| **Other (please specify)** | **Thursday** | o | o | o |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Friday** | o | o | o |
| **Saturday** | o | o | o |
| **Sunday** | o | o | o |
| **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 will 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** o **No** o |
| **References**Please provide two references from people who can comment on your suitability to volunteer with Caring Together Charity. They 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** |  |  |
| **Telephone number** |  |  |
| **Email address** |  |  |
| **How is this referee known to you?** |  |  |

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 Charity.

By signing this form, I consent to Caring Together Charity 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 Charity in a confidential manner.

**Please return your completed form to** volunteers@caringtogether.org