

VOLUNTEER APPLICATION FORM

# ellenor recognises the value of volunteers and acknowledges that volunteers provide an essential part of the charity's life and enable it to pursue activities that would not be possible without their commitment.

Thank you for offering your help as a volunteer with ellenor

--------------------------------------------------------------------------- FOR OFFICE USE ONLY : COMPLETION BY VOLUNTEER CO-ORDINATOR

|  |  |
| --- | --- |
| Volunteer Managers Name |  |
| Volunteer Location |  |
| Date of Interview |  |
| Taster sessions | Yes/No |
| Date of first taster session |  |
| Date of last taster session |  |

# COMPLETED FORM TO BE SENT TO:

HR Department ellenor Coldharbour Road Gravesend

Kent DA11 7HQ

ellenor – Volunteer Application Form

Personal Information

Title: Forenames: Surname:

Address: Postcode:

Telephone: (Mobile):

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation / Skills / Interests / Hobbies

Please tell us about your present/previous occupation and any experience you have (paid or unpaid) which may assist us in finding you the most appropriate volunteering situation with ellenor.

Where did you hear about ellenor?

|  |
| --- |
| We need to confirm if you have been vaccinated against Covid19. You may be asked to provide evidence if your application is successful, depending on your role  Have you received vaccines against Covid19 – please tick the relevant box below.  I have received two doses of a covid vaccine  I have received one dose of a covid vaccine |

Availability: Please could you indicate which days and times you would be available to volunteer?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Please circle your availability Daily... Weekly… Fortnightly… Monthly… To be agreed…

References:

Please give details of two people who we may contact for a reference. Your referees should not be related to you. They should know you well and be able to vouch for you. Please note: to save time and postage references will be e-mailed to your referee

Name & Title: Address: Postcode: Tel No:

E-mail:

Capacity in which they know you:

Name & Title: Address: Postcode: Tel No:

E-mail:

Capacity in which they know you:

Bereavement:

Do you have use of a car? YES/NO

What volunteering opportunities are you interested in? (Please Tick) If more than one, please number in order of preference. The opportunities will be available at Gravesend or Darent Valley Hospital unless otherwise stated.

|  |  |  |  |
| --- | --- | --- | --- |
| IT Administrator Support |  | Complementary Therapist |  |
| Befriender |  | Retail Assistant (See Below For Location) |  |
| Community Team Admin Assistant |  | Reception |  |
| Chaplain |  | Youth Worker |  |
| Admin Assistant |  | Van Driver & Mates |  |
| Beauty Therapy/Hairdresser |  | Housekeeping Assistant |  |
| Arts & Crafts |  | Ward Volunteer |  |
| Day Therapy Group |  | Catering Team Kitchen Assistant |  |
| Yoga Teacher |  | Café Shop Assistant |  |
| Service Support |  | Driving |  |

Fundraising (Please Tick); These activities could take place in any of the following areas; Dartford, Gravesend, Tonbridge, Maidstone, Tunbridge Wells, Sevenoaks, London Borough of Bexley. Please specify which area you would be available for:

|  |  |  |  |
| --- | --- | --- | --- |
| Helping at Events |  | Bucket Collections |  |
| Promotion & Media |  | Public Speaking |  |
| Lottery Collectors |  | One Of Activities |  |
| Glorious Garden |  | Quiz Night |  |
| Ambassador |  | Cheer Volunteer |  |
| Event Support |  |  |  |

Shops (Please Tick):

|  |  |  |  |
| --- | --- | --- | --- |
| Bexley |  | Bexleyheath |  |
| Blackfen |  | Crayford |  |
| Dartford (Priory Centre) |  | Dartford (High Street) |  |
| Westerham |  | Darent Valley Hospital |  |
| Gravesend |  | Welling |  |
| Northfleet (Pelham Road) |  | Northfleet (Perry Street) |  |
| Swanscombe |  | Tunbridge Wells |  |

N.B. \*Evening sessions are available at Darent Valley Hospital

Are there any reasonable adjustments which you feel should be made to the application process to assist you for the volunteering role to enable you to carry it out? YES/NO

If yes, please give details:

Reason for your Application

Tell us briefly why you would like to volunteer with ellenor:

Rehabilitation of Offenders Act 1974

Some volunteer posts are exempt from the provisions of the Rehabilitation of Offenders Act 1974. Applicants are therefore not entitled to withhold information about certain convictions. The amendments to the Exceptions Order 1975 (2013) provide that certain convictions are protected and are not subject to disclosure to employers and can not be taken into account. Guidance can be found on the Disclosure and Barring website.

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI2013 1998. Yes/No

For further info see : [https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-](https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check) [filtered-from-a-criminal-record-check](https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check)

If you have answered yes to the above question, please contact the HR Department on 01474 320007 or [hr@ellenor.org.](mailto:hr@ellenor.org)

(Any information provided will be treated in strict confidence and will only be considered in relation to this application.)

Disclosure and Barring Service (DBS)

Please be aware that certain volunteer posts (those that have direct contact with vulnerable people) will be subject to an enhanced DBS Disclosure check.

Declaration

I declare, that to the best of my knowledge, the information given on this form is true and complete. I agree that ellenor may store my details on a database for internal use only in line with Data Protection Legislation.

Signed:

Print Name:

Date:

Please return the completed form to: - HR Department, ellenor, Coldharbour Road, Gravesend, Kent, DA11 7HQ or e-mail to [hr@ellenor.org](mailto:hr@ellenor.org)