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Reg. Charity - 1150452
Company Ltd by
Guarantee 08278766

 1 Groe Street
Builth Wells
Powys, LD2 3DW

Volunteer Application Form

Name	
Address	
Contact number(s)	
Date of birth	
Do you have a full driving License	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you own your own vehicle	YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address	

When are you able to volunteer? *(please tick)*

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

How much time would you like to give?

Do you have any prior experience in voluntary work or skills which you feel would be useful?

Volunteer Application Form

What type of voluntary activity are you interested in?

Are you a Welsh speaker?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you speak any other languages? (If yes please state)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Would you please supply us with the names and contact details of 2 referees, one of whom should be a professional, such as your employer, tutor, social worker, solicitor and not a relative or friend.

Name (Referee 1)	
Address	
Telephone number(s)	
Email	
Relationship to volunteer	

Name (Referee 2)	
Address	
Telephone number(s)	
Email	
Relationship to volunteer	

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PLEASE READ THE FOLLOWING POINTS BEFORE YOU SIGN THE FORM

- **Volunteering and claiming benefit** - It is the responsibility of volunteers in receipt of any benefits to inform relevant bodies of volunteering activity
- **Insurance** - You are only insured to work as asked by your manager. If you are asked to do something extra, check back with the office to ensure you are still covered

There is a reduced cover for people aged between 12/15 and over 70

- **Disclosure and Barring service** - You will need to complete an enhanced DBS check if you are required to work unsupervised with children and/or vulnerable adults
- **Confidentiality** - Volunteers are reminded that any confidences they may come across in the course of their work should be kept, however insignificant they may seem.
- **HMRC** - Volunteers are responsible for declaring any expenses they receive to HMRC
- **Volunteer medical information** - Have you any conditions that may affect your volunteering duties? e.g. any physical, sensory disabilities, short term memory problems -

YES NO

If YES Please explain

How can we support you?

Are you registered disabled?	Yes	No
Are you taking any prescription medications	Yes	No
If yes does it affect your ability to drive?	Yes	No
If YES please explain		

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Next of kin information is confidential and for use in emergencies.

Next of Kin full name	
Relationship	
Contact Number(s)	

Privacy

BWCS Will only use personal information for the purpose of communication in relation to the service provided. BWCS will never use, sell or share personal information for the purposes of marketing. For more information, please see Builth Wells Community Support Policies and Procedures.

I confirm that the information given in this registration form is true and accurate.

Signed

Date
