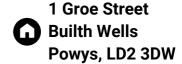






Reg Charity - 1150452 Company Ltd by Guarantee 08278766



www.builthcs.co.uk

Volunteer Application Form

Name							
Address							
Contact nun	nber(s)						
Date of birth	1						
Do you have a full driving License			YES		NO		
Do you own your own vehicle			YES		NO		
Email Addre	ess						
When are y	ou able to	/olunte	eer? (please	tick)			
	MON	TUE	S WEI) THURS	FRI	SAT	SUN
AM							
PM							
How much	time would	you lil	e to give?				
Do you hav useful?	e any prior	experi	ence in vol	untary work o	or skills whic	h you feel v	vould be



Volunteer Application Form

What type of volun	tary activi	ity are you into	erested	in?			
Aza wan a Walah ana		Г					
Are you a Welsh spe	:акег <i>:</i>	YES			NO		
Do you speak any ot	her	\/50					<u>. </u>
languages? (If yes p		YES			NO		
state)							
Would you please s							
whom should be a p		al, such as you	ır emplo	yer, tutor,	social work	er, sol	icitor
and not a relative o	r friend.						
Nama (Defense 1)	Т						
Name (Referee 1)							
Address							
Telephone number(s)							
Email							
Relationship to							
volunteer							
Name (Referee 2)	Τ						
	<u> </u>						
Address							
Telephone number(s)							
Email							
Relationship to							
volunteer							



Volunteer Application Form

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 regestered 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	•	



Volunteer Application Form

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

Next of Kin full name	
Relationship	
Contact Number(s)	
Privacy	
relation to the service pinformation for the pur	conal information for the purpose of communication in rovided. BWCS will never use, sell or share personal boses of marketing. For more information, please see Support Policies and Procedures.
I confirm that the inform	nation given in this registration form is true and accurate.
Signed	Date