

## ASSOCIATION OF CARERS VOLUNTEER APPLICATION FORM

<i>If you need any assistance filling in this form please call the office on 01424 722309</i>	
Name:	
Address:	Telephone Number:
Postcode:	Mobile Number:
Email:	
Please tick you preferred communication method: Email <input type="checkbox"/> Phone <input type="checkbox"/> Post <input type="checkbox"/>	
Where did you hear about us?	

<b>Please tick the voluntary roles that you are interested in</b>			
Befriending with Respite Volunteer		Mental Health Respite Volunteer	
Admin Volunteer		Trustee	
Talk and Support Volunteer		Computer Help at Home Volunteer	
Volunteer Driver		Respite for Healthcare	
Community Fundraising & Publicity		Ambassador Volunteer	
Young Carer		Carers Companion	
<i>Although we value everybody is an individual and will have a range of knowledge and experience, there may be instances where we feel an applicant is not suited to the particular role(s) they have applied for. We may offer them the opportunity to volunteer in a different role or signpost them to other organisations where they can volunteer.</i>			
What has motivated you to volunteer for the Association of Carers (please tick all that apply)			
<input type="checkbox"/> Want to give something back	<input type="checkbox"/> Retirement	<input type="checkbox"/> Want to learn new skills	
<input type="checkbox"/> Want to gain experience	<input type="checkbox"/> Getting back to work	<input type="checkbox"/> Meeting new people	
<input type="checkbox"/> Other Please Specify: _____			

**Please could you tell us a little about yourself.**

Personal experiences that may be relevant to the voluntary work you wish to do:

Professional experiences that may be relevant:

Any hobbies and / or interests?

If you have any health conditions that you feel may affect your ability to volunteer please describe them below:	
Have you any experience of being an unpaid carer? (caring for a family member, partner, friend etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please give brief details below;</i>	
Please tick if you are a car driver and willing to use your car to drive yourself to your voluntary placement.	
How far would you be prepared to travel to carry out your voluntary role?	
Please circle the areas you are prepared to volunteer in: Hastings     St Leonard's     Bexhill     Battle     Rye     Rural Rother     Lewes Eastbourne     Hailsham     Uckfield     Crowborough     Seaford     Peacehaven     Forest Row Newhaven     Polegate     Heathfield <b>Other please write:</b>	

**References:** Please provide the names and addresses of two people who you know well, (not relatives) that we can contact for a reference. Referees will be asked to comment on your integrity, reliability and personal qualities. We would be grateful if you could let them know that we will be contacting them and obtain their consent.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:

## Rehabilitation of Offenders Act 1974

Volunteers are required under the above act to declare any convictions they have had. We are required to carry out a Criminal Records Bureau check on all our staff and volunteers and there is no time limit on convictions recorded by the Criminal Records Bureau.

Have you ever been convicted of any criminal offence?      Yes/No

Are there any alleged offences outstanding against you?      Yes/No

If you have replied yes to either, please attach further details in a sealed envelope marked *Strictly Confidential*.

A criminal conviction will not necessarily preclude you from acting as a volunteer but failure to disclose any relevant information may prejudice your case

*Please sign this form if you would like to continue the process to becoming a volunteer for the Association of Carers.*

**Signed:** \_\_\_\_\_      **Date:** \_\_\_\_\_

## Monitoring Form

Please answer the following questions selecting one box for each question.

Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Q1) Gender

- Male  
 Female  
 Prefer not to say

### Q2) Do you identify as transgender or trans-person?

- Yes  
 No  
 Prefer not to say

### Q3) Do you regard yourself as belonging to any particular religion or belief?

- Yes  
 No  
 Prefer not to say

### Q4) If answered yes to Q3, which one?

- Christian             Jewish  
 Hindu                 Buddhist  
 Muslim               Sikh

Other, please specify

### Q5) Are you....

- Bi/Bisexual                             Heterosexual/Straight  
 Gay woman/Lesbian                 Other  
 Gay man                                 Prefer not to say

### Q6) Are you currently pregnant or have you been pregnant in the last year?

*Please ignore this question if it is not relevant to your personal circumstances*

- Yes  
 No  
 Prefer not to say

### Q7) Are you married or in a civil partnership?

- Yes  
 No  
 Prefer not to say

### Q8) Please describe your ethnic group

Prefer not to say

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted or is likely to last at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day to day activities.

### Q9) Do you consider yourself to be disabled as set out in the Equality Act 2010?

- Yes  
 No  
 Prefer not to say

### Q10) If you answered yes to Q9, please tell us the type of impairment that applies to you. Please tick all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Physical Impairment                       | <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Sensory Impairment                        | <input type="checkbox"/> Learning Disability     |  |
| <input type="checkbox"/> Long standing illness or health condition | <input type="checkbox"/> Prefer not to say       |  |

