

**Please complete and return to:  
 Association of Carers  
 Jackson Hall  
 Portland Place  
 Hastings  
 East Sussex TN34 1QN**

**Or email to:  
 info@associationofcarers.org.uk**



## VOLUNTEER APPLICATION FORM

*If you need any assistance filling in this form please call the office on 01424 722309*

Name:

Address:

Telephone Number:

Mobile Number:

Postcode:

Email:

Which of the following methods are you happy for us to contact you by?

Address: Y / N      Telephone: Y / N      Mobile: Y / N      Email: Y / N      Text: Y / N

Where did you hear about us?

Please tick the voluntary roles that you are interested in

Befriending with Respite Volunteer

Carers Companion

Admin Volunteer

Trustee

Talk and Support Volunteer

Computer Help at Home Volunteer

Volunteer Driver

Respite for Healthcare

Community Fundraising & Publicity

Ambassador Volunteer

SCIPRR (Supporting carers to identify residential respite)

*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.*

What has motivated you to volunteer for the Association of Carers (please tick all that apply)

- Want to give something back       Retirement       Want to learn new skills  
 Want to gain experience       Getting back to work       Meeting new people  
 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?

Board games

Music

TV/Films

Conversation/Family

Outdoors

Photos/Reminiscence

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.)  Yes  No

*If yes please give brief details below;*

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    **Other please write:**

**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:
Please state relationship to you:	Please state relationship to you:

**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       |  |

**The Association of Carers in order to provide services to support Carers, needs to collect and use certain types of information and photographs about Carers, the people they care for, staff, volunteers, supporters and other individuals who come into contact with the Association.**

This personal information will be dealt with properly however it is collected, recorded and used.

The Association of Carers recognise that we have a duty to:

- Obtain information and process it fairly and lawfully
- Ensure that information will be adequate, relevant and not excessive for the purpose and accurate and up-to-date
- Not keep information for longer than is necessary
- Only process relevant information in accordance with the rights of the individual
- Keep information safe from unauthorised access, loss or destruction

**The information we hold about people is always stored securely and access restricted to those who have a legitimate need to know.** As an organisation we are committed to ensuring that all those whom we store data about, understand how and why we keep that data and how they may have access to it. We will not transfer data to third parties without the express consent of the individual concerned.

Archived records are stored securely and the Association of Carers has clear guidelines for the retention of information.

The Trustees of the Association of Carers recognise its overall responsibility for ensuring that the organisation complies with its legal obligations. The Data Protection Officer (DPO) is the Director of Charity.

All staff and volunteers are required to read, understand and accept any policies and procedures that relate to the personal data they may handle in the course of their roles.

We will regularly review our procedures for ensuring that our records remain accurate and consistent and in particular:

- IT systems will be designed, where possible to encourage and facilitate the entry of accurate data.
- Data on any individual will be held in as few places as possible
- Effective procedures are in place so that all relevant systems are updated when information about an individual changes
- Training will be provided to all relevant staff and the DPO will monitor data security.

**You are under no obligation to provide such information. However, if you should choose to withhold requested information, we may not be able to offer you certain services.**

**I accept the above Data Protection Policy and agree to the AOC holding my details on their secure files and database**

Volunteer Name\_\_\_\_\_Signature\_\_\_\_\_

Date:.....

**If you have a complaint at any time about the manner in which we have processed your personal data, your personal details change, or you would like a copy of the details the AOC hold about you, then please contact the DPO- Sue Palmer on 01424 722309.**

This policy will be reviewed annually.