

Volunteer application form

Your application will be treated in the strictest confidence

Private and Confidential For
official use only

Application No

Applicant name

Applicant address

Post code

Thank you for your interest in volunteering with us. All care home volunteer roles support us to improve lives and help us work towards an age friendly Wales.

As a volunteer, you will not be required to support personal care for residents, but you will:

- Be part of a thriving, friendly organisation
- Receive relevant support and training
- Gain valuable experience for career and personal development
- Support a wide range of creative and engaging opportunities
- Experience satisfaction knowing your contribution counts

Please complete this application form as well as you can. Contact us with any queries – we will be pleased to assist. You will be notified when your DBS application has been initiated.

This volunteering role involves contact with vulnerable older people therefore we require references and checks under our safeguarding practices.

Although they take time, this means we can provide safe and rewarding experiences for you as a volunteer and our older people

Please write in block letters, using black ink, or type. Where necessary continue your answers on a separate sheet of paper.

Surname

First Name / middle name

Address:

Telephone number
(Mobile or home)

Post Code:

Email:

Interests and Skills

What inspires you to volunteer with a Care Home?		
What are your interests?		
<p>Skills</p> <p>What skills could you offer?</p>	<input type="checkbox"/> Art <input type="checkbox"/> Craft <input type="checkbox"/> Conversation <input type="checkbox"/> Creative work <input type="checkbox"/> Gardening <input type="checkbox"/> Games <input type="checkbox"/> History <input type="checkbox"/> IT <input type="checkbox"/> Music <input type="checkbox"/> Outdoor activity <input type="checkbox"/> Reading	<input type="checkbox"/> Science <input type="checkbox"/> Engineering or building activities Please list any others
<p>Availability</p> <p>It helps us to know your preference</p>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Weekends	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons Any set times:

Health and Safety		
Is there any health, mobility restriction or any concern we should know of, to assist with your volunteer placement?		
Where did you hear of this opportunity?	<input type="checkbox"/> Social media <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Local Volunteer Agency <input type="checkbox"/> Other:	

Do you hold a current UK driving licence?

References

We need two referees for your application. Referees should not be related to you.
This part can be completed later if you don't have their information on hand

Referee 1	Referee 2
Name	Name
Contact telephone	Contact telephone
Email	Email
Connection with referee	Connection with referee

Application signature:

Date:

Please return to

GDPR (care home to complete if required)