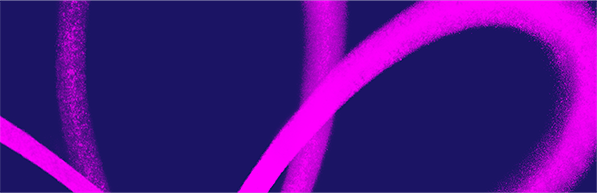
Role details

Volunteer   
Registration Form

CONFIDENTIAL



|  |  |
| --- | --- |
| Role you are applying for: |  |
| How did you hear about this role? |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | | | | | | | |
| Title: | |  | | | | First name: |  | | | | | |
| Surname: | |  | | | | Known as: |  | | | | | |
| Address: | |  | | | | | | | | | | |
| Postcode: | |  | | | |  | | | | | |  |
| Phone number: | | |  | | |
| Email: |  | | | | | | | | | | | |
| *The email address you provide here will be used to set up an online learning account which is administered by a trusted third party.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Date of Birth: | |  | | | | Gender: | Male | | | Female | | |
| Are you currently an Alzheimer’s Society volunteer or employee? | | | | | | | | Yes | No | | | |
| Are you a Dementia Friend? | | | | Yes | No | Are you a Dementia Friends Champion? | | | | | Yes | No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Skills and Experience | | | | | | | | |
| **Please tell us why you would like to become a volunteer with Alzheimer’s Society  and what you hope to get out of the role:** | | | | | | | | |
|  | | | | | | | | |
| **Please tell us about the skills and experience you have that are relevant to the role  you are applying for (max 200 words):** | | | | | | | | |
|  | | | | | | | | |
| Availability | | | | | | |
| **When are you available to volunteer?** | | | | | | |
| **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** | |
| Morning | Morning | Morning | Morning | Morning | Morning | Morning | |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | |
| Evening | Evening | Evening | Evening | Evening | Evening | Evening | |
| Night | Night | Night | Night | Night | Night | Night | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Emergency Contact Details | | | | |
| First Name: |  | | Surname: |  |
| Primary phone number: | |  | Alternative phone number: |  |
| Relationship to you: | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| References  **If the role you are applying for requires references, please provide the details of two people who can provide a reference for you. They shouldn’t be related to you and should ideally be people who know you in a professional capacity, e.g. a tutor or colleague.**  **We will only contact your referees if you are offered the role.** | | | | | | | | | | |
| Title: | |  | | |  | Title: | |  | | |
| First name: | |  | | |  | First name: | |  | | |
| Surname: | |  | | |  | Surname: | |  | | |
| Address: | |  | | |  | Address: | |  | | |
| *A postal address is only required where no email is provided.* | | | | |  | *A postal address is only required where no email is provided.* | | | | |
| Phone number: | | |  | |  | Phone number: | | |  | |
| Email: |  | | | |  | Email: |  | | | |
| Relationship to you: | | | |  |  | Relationship to you: | | | |  |

|  |  |  |
| --- | --- | --- |
| Criminal Convictions  *Please note that criminal convictions do not automatically prevent you from volunteering.* | | |
| **Do you have any unspent criminal convictions?** | Yes | No |
| If yes, please give brief details | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact & Marketing preferences | | | | | |
| **How we contact you**  As an Alzheimer’s Society volunteer, we will use your contact details to send you written information relating to your volunteer role and the wider work of the Society. Please tell us how you would prefer to receive this information. If you don’t select a preference, we will use the most appropriate/cost effective method to contact you. | | | | | |
| By post | By email | | | | |
| We will also need to contact you about operational matters relating to your volunteer role, for example, if there is an issue at the place you volunteer. Please tell us how you would prefer us to contact you with this type of information. If you don’t select a preference, we will use the most appropriate/cost effective method to contact you. | | | | | |
| By email | By phone | | By SMS text message | |  |
|  |  | |  | |  |
| **Will you choose to change the future of dementia?**  By volunteering, you're doing something incredible to help thousands of families affected by dementia. We'd love to keep in touch, and update you on the latest news, including the amazing work we do with our services and research, and how you can do more to help with fundraising, campaigning, or other volunteering opportunities.  It's totally up to you – you can update what you get at any time and we'll never sell your details to third parties. If we can't reach out to you for help when we need it most, our work can't continue – so please, choose to stay in touch using the boxes below and help us beat dementia. | | | | | |
| Yes, I'd like to receive updates by email | | |  | |
| Yes, I'd like to receive updates via SMS | | | |
| Yes, I'd like to speak to someone on the phone | | | |
| Yes, I'd like to receive updates through social media | |
| Please do NOT send me any mail through the post | | | |
|  | | | |
| ***We promise to keep your personal details safe and will never sell your information to other charities or organisations. Our*** [***fair processing notice***](https://www.alzheimers.org.uk/legal-information/how-we-use-our-volunteers-personal-information#content-start) ***explains more about how we use our supporter’s personal information and how you can update your preferences regarding how we contact you. You can view our fair processing notice on our website using the link above or to request a hard copy please email*** [***volunteeringsupport@alzheimers.org.uk***](mailto:volunteeringsupport@alzheimers.org.uk) ***or call 0300 222 5706.*** | | | |

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| --- | --- |
| Declaration I confirm the details given in this form are correct, I am over the minimum age for the role I am applying for and I am willing to provide proof of identification. I agree to abide by the Society’s policies, procedures and values and understand this agreement to volunteer for Alzheimer’s Society is binding in honour only and is not intended to be a contract of employment.  Alzheimer’s Society has permission to contact the referee I have provided (if applicable) and my volunteering with Alzheimer’s Society is subject to the references and any other checks being satisfactory. | |
| Signed: |  |
| Print name: |  |
| Date: |  |