# Volunteer Application and Information Form

Title:

First name:

Last name:

Date of Birth:

Address:

Postcode:

Home Tel:

Mobile:

Email: does have one but prefers to be contacted mobile phone

Volunteer Role
Please enter the main role you are interested in, if known. However, if you are not sure which role to apply for, please leave this blank and we can discuss.

Supporting **statement**Please let us know why you are interested in volunteering for Sight Support West of England / Wiltshire Sight.

Skills, Qualifications and Experience
Please tell us about any skills, qualifications and experience you have that may be useful to the role. (This could be your present or previous job, First Aid or My Guide Training, your hobbies and interests, experience from living with sight loss or being a carer, or from volunteering with other organisations.)

Do you drive? Yes/No

How much time can you offer us? (please delete as applicable)

Short-term
Open-ended
Other (please specify):

What days and times are you normally available? (please delete as applicable)

Weekdays / Weekends
Mornings / Afternoons / Evenings
Flexible
Other, please specify:

How did you hear about volunteering for Sight Support West / Wiltshire Sight?

Emergency Contact Details

Please provide us with details for someone we can contact in the unlikely event of an emergency when you are volunteering with us

Name:

Telephone:

Mobile:

Address:

Postcode:

Relationship to you:

Is there anything we need to know about your health? Meeting your needs: if you have a disability or health issue which will require additional support or equipment, please tell us so that we can plan to meet your requirements.

**What is your preferred reading format?** (please delete as applicable)

Print / Email / Braille / Audio / Large Print\*

\*if large print, please specify font and size:

## References

Please provide two references, who you have known for at least two years and are aged 18 or over. They must not be a family member/partner or live in the same household as you. Where possible, your first reference should be your current/previous employer/volunteer role.

### Reference 1

Name:

Job Title:

Organisation:

Telephone:

Home Address:

Email:

In what capacity do you know this person?

**Reference 2**

Name:

Job Title:

Organisation:

Telephone

Home Address:

Email:

In what capacity do you know this person?

**Disclosure and Barring Service**

Sight Support West of England / Wiltshire Sight is committed to safeguarding and promoting the welfare of vulnerable adults and young people and expects all volunteers to share this commitment. All voluntary positions that involve direct work with vulnerable adults and children are exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). Volunteers and their referees are therefore not entitled to withhold information about police cautions, bind-overs, or any criminal convictions that would otherwise have been considered “spent” under the Act.

All positions that involve direct work with vulnerable adults and children will be subject to an enhanced DBS check.

**Have you ever been convicted of a criminal offence?**

Yes\*/No

\*If yes, please give details below. The information you provide will be treated in confidence.

**Declaration**

I confirm that the information given on this form is, to the best of my knowledge, accurate.

I give my consent for Sight Support West of England / Wiltshire Sight to use and process my personal data in relation to my volunteering application, in accordance with the Data Protection Act 2018.

Signed:

Date:

(Please note that when emailing your application, a hand-written signature is not necessary.)

Thank you very much for your interest in volunteering with Sight Support West of England / Wiltshire Sight!

Please return the completed application form to:
Becs Thurgur, Volunteer Coordinator
becs.thurgur@sightsupportwest.org.uk