

VOLUNTEER APPLICATION FORM

Name: (Please Print)

Address: (Please Print)

Postcode:

Telephone No.:

Email Address:

CONTACT IN CASE OF EMERGENCIES

Name: (Please Print)

Telephone No.:

WHICH ACTIVITIES DO YOU FEEL YOU COULD UNDERTAKE. Appropriate training and support will be provided for all roles?

(Please tick boxes to all that apply)

Advice & Information Giving

Updating & filing information

Publicity and Marketing

Fund-Raising

Admin

Benefit Form Filling

Typing and / or word / data processing

Trustee (Date of Birth / /19)
(Charity Commission use only)

HOW MANY HOURS A WEEK WOULD YOU NORMALLY BE ABLE TO OFFER?

In Connect Wyre Forest
10-12 Blackwell Street
Kidderminster
DY10 2DP

Telephone: 01562 60241 (Business Line)
Telephone: 0800 970 7202 (Helpline)
Fax & Minicom: 01562 68248
Email: info@nwdial.org.uk
Website: nwdial.org.uk



Registered Charity No: 1053933

WHY DO YOU WANT TO BECOME A VOLUNTEER?

WHAT WORK / VOLUNTARY EXPERIENCES HAVE YOU HAD?

Organisation / Roles / Training etc.

DO YOU HAVE ANY CRIMINAL CONVICTIONS, BINDOVERS, ORDERS OR CAUTIONS, INCLUDING THOSE THAT ARE "SPENT"? YES / NO

If **YES** please give details:

We may undertake **CRB** checks to protect venerable adults; it will be at no cost to yourself. Disclosure will not necessarily preclude you from becoming a volunteer; however failure to do so may result in termination.

PLEASE TELL US IF YOU WOULD NEED ANY AIDS, ADAPTATIONS OR ASSISTANCE IN ORDER TO CARRY OUT WORK AS A VOLUNTEER? (This is for practical purposes only; it will not affect your chances of being accepted)

PLEASE GIVE NAMES, ADDRESS AND TELEPHONE NUMBERS OF TWO REFEREES. (Please Print)

(If possible these should be people who you have known you for at least two years and are not related to you)

1.

2.

CONFIDENTIALITY PLEDGE

I agree at all times present and future to respect the confidentiality of N.W. Dial clients and N.W Dial business.

I undertake not to disclose any information about N.W. Dial clients, including their names or addresses, the substance of any query or details of advice or assistance given, to anyone, except in the following circumstances:

- With the express permission of the client.
- To other N.W. Dial advice volunteers or staff **WHERE THIS IS NECESSARY IN ORDER TO PROVIDE THE BEST POSSIBLE SERVICE TO THE CLIENT.**
- To my direct manager in the course of his / her supervision or to support my work.
- In the course of Social Policy work on behalf of N.W. Dial, where the individual clients cannot be identified from the information disclosed.

Any personal information, such as the addresses and telephone numbers of clients, members of staff and volunteers of North Worcestershire D.I.A.L. will also remain confidential.

All the information I have given here is true, as far as I know. I will abide by the policies and working guidelines of N.W. Dial.

Signed: _____

Date: _____

THIS INFORMATION WILL BE TREATED AS COMPLETELY CONFIDENTIAL.

OFFICIAL USE ONLY:

DATE REFERENCES SENT FOR: (1) (2)

DATE REFERENCES RECEIVED BACK: (1) (2)

REFERENCES SENT FOR BY: _____