**Volunteer Application Form**

**Once form is complete, please send to:** **Brittany.granda@aod.org.uk**

**If you need support to fill out this form, please let us know by contacting Brittany Granda (Youth Service Project Coordinator) on 020 7385 2098 or email** **Brittany.granda@aod.org.uk**

**Section One: Personal Details**

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| --- |
| **Name**: **D.O.B** |

|  |
| --- |
| **Address**: **Postcode**: |

|  |
| --- |
| **Email**:  |

|  |
| --- |
| **Landline**: **Mobile**:  |

**Information:**

**Please give details of when you are available to volunteer.**

**Please tick any boxes that apply:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Flexible** | 🞎 | **Weekdays** | 🞎 | **Weekends** | 🞎 | **Daytime** | 🞎 | **Evenings** | 🞎 |

**1. Are there particular days you would like to volunteer?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mon** | **🞎** | **Tue** | **🞎** | **Wed** | **🞎** | **Thurs** | **🞎** | **Fri** | **🞎** | **Sat** | **🞎** | **Sun** | 🞎 |

**2. What Volunteering Role(s) are you interested in?**

**Our Main Opportunity:**

|  |  |
| --- | --- |
| **Youth Service Volunteer** | **🞎** |

**Please complete the below questions as fully as possible.**

**Why do you want to volunteer with Action on Disability’s Youth Service?**

 **AFADHAFAD**

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| --- |
|  |

**Section Two: About You**

Please tell us what you are good at and what you might need support with. The **Role Description** lists what we are looking for. You can use this space to tell us about anything that you think relates to the volunteering position you are applying for.

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**Section Three: Your Development**

**Tell us what you would like to achieve whilst volunteering with AoD.**

**There are no right or wrong answers – we will use this section to help plan how we can support you to achieve your goals.**

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**3. Do you have any Access or Communication needs?**

**Yes 🞎 No 🞎**

**If YES, please explain so that we can assist you as much as possible**

|  |
| --- |
|  |

**4. Have you received your Covid vaccination?**



**5. If yes, did you have 1 or two jabs?**

|  |
| --- |
| **1 Jab  2 Jabs**  |

**Section Four: Reference / Disclosure and Barring Service Check**

**As part of your application, we would like TWO References.**

The References should be from:

1. **Professional** - Someone who has supervised or supported you, either in a workplace, a volunteering project, a school or college, or day opportunity.

2. **Personal** - Anyone who has known you for several years except a direct family member.

If you have any worries about references, contact:

**Brittany Granda** via telephone or email**.**

**Reference ONE:**

**Nam**e:

**Relationship to you**:

|  |
| --- |
| **Address**: **Postcode**:  |

**Email**:

|  |
| --- |
| **Landlin**e: **Mobile**:  |

**Reference TWO:**

**Name**:

**Relationship to you**:

|  |
| --- |
| **Address**: **Postcode**:  |

**Email**:

|  |
| --- |
| **Landline**: **Mobile**:  |

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| --- |
| **Data Protection** Action on Disability (AoD) takes your privacy very seriously. When you share information with us, we will always tell you how we will use it. We always act on your instructions to put you in control of the information you share and your relationship with us. For a full version of our privacy statement and policy go to <https://actionondisability.org.uk/update-privacy-notice/>The information detailed in this application form is used to minimize risk and to provide appropriate support. Action on Disability youth service will review consent and information held at AoD annually. If at any time you would like to access your information or would like to remove the information we hold, then please contact us. Some of our projects are contracted by LBHF youth services and are delivered with partner agencies. Other projects rely on specific income from charities, trust funds and central government. To meet funding requirements, we often have to share your personal and sensitive information. For specific information about what we share and with whom please discuss with the youth service team. **Please tick this box if you consent to the above** logo-LBHF[1]A8987BB9-7A28-4276-A120-46F4153618A7[1]DEBK_Primary_Logo_FV_Green_Solid_1000pxImage result for young hammersmith and fulham foundation logoLyricHammersmith[1]Image result for duke of edinburgh logoDaisy-Trust-Logo-w-strap-line_web[1]C:\Users\TamaraS\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\SKCCA41X\Member 2018-19.png (002).pngImage result for jack petchey logo |

**Action on Disability Policy**

Following **Action on Disability Policy**, all **Staff and Volunteers** are required to complete a **Full and Enhanced** **DBS** (Disclosure and Barring Service) check prior to you starting as a volunteer.

A previous conviction or caution (**will not**) necessarily prevent you from volunteering.

Please **Tick Here** to confirm that you are willing to fill out a DBS form **[ ]**

If you have any concerns whilst thinking of applying, please contact us. Support is available to complete both the application form and DBS form once you have received it.

**Signature Note:** online or hand signed signatures will be accepted

**Signed**:

**Date**:

|  |  |
| --- | --- |
| www.aod.org.uk | T: 020 7471 8510 |
| T: @ActiononD | F: 020 7610 9786 |
| F: facebook.com/Action-on-Disability | E: info@aod.org.uk |
| Charity no. 1091518 Company no. 4237604 |