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 **VOLUNTEER APPLICATION FORM**

Please complete all parts of the application form

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| --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | Male |  | Female |  | Other |  |

|  |  |  |
| --- | --- | --- |
| Surname/Family Name: |  | First Name: |
|  |  |  |
| Address: |  | Daytime Phone No: |
|  |  |  |
|  |  | Mobile Phone No: |
|  |  |
|  |  |
|  | Email: |
| Post Code: |  |  |
|  |
|  |  |

What is your availability during the week:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Morning |  | Morning |  | Morning |  | Morning |  | Morning |  | Morning |  | Morning |  |
| Afternoon |  | Afternoon |  | Afternoon |  | Afternoon |  | Afternoon |  | Afternoon |  | Afternoon |  |

Why are you wanting to become a volunteer:

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| --- |
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|  |  |  |
| --- | --- | --- |
| Are you using volunteering as part of a number of required hours for a course or scheme? | YES | NO |
| Will you require a witness statement / paperwork to be completed? | YES | NO |
| If YES, please provide details: |

Please indicate which area of volunteering you would be interested in. Tick all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BEFRIENDING |  | ACTIVITY WORKER |  | KITCHEN/CATERING |  |
| HOUSEKEEPING |  | GARDEN/MAINTENANCE |  | HELP WITH LANGUAGES |  |
| DRIVING |  | ADMIN |  | OTHER |  |

If Other, please specify how you would like to help:

|  |
| --- |
|  |

Tell us about any relevant work experience:

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| --- |
|  |

Tell us about any previous voluntary experience:

|  |
| --- |
|  |

Tell us about any hobbies, interests or skills you think would be helpful for this role:

|  |
| --- |
|  |

Please indicate which care home would you like to volunteer at?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BURNT TREE CROFT |  | COTLEIGH |  | DEERLANDS |  |
| GRANGE CRESCENT |  | HOUSTEADS |  | KNOWLE HILL |  |
| MIDHURST ROAD |  | SPRINGWOOD |  | VALLEY WOOD |  |

|  |  |  |
| --- | --- | --- |
| Do you have any friends or family members at any of our care homes, either as a resident or a member of staff? | YES | NO |
| If yes, please provide details: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What is your age?Please note, we only accept volunteers over 16 years. | 16 |  | 17 |  | 18 + |  |

**Who may we contact in case of emergency?**

|  |  |  |
| --- | --- | --- |
| Name: | Phone No: | Relationship: |
|  |  |  |

|  |
| --- |
| **References**This can be your previous manager, a support/care worker, a tutor or a personal reference from someone you have known a number of years.**Reference 1** |
|

|  |  |  |
| --- | --- | --- |
| Surname/Family Name: |  | First Name: |
|  |  |  |
| Address: |  | Phone No: |
|  |  |  |
|  |  | Email: |
|  |  |
|  |  |
|  | How do you know this person: |
| Post Code: |  |  |
|  |
|  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference 2**

|  |  |  |
| --- | --- | --- |
| Surname/Family Name: |  | First Name: |
|  |  |  |
| Address: |  | Phone No: |
|  |  |  |
|  |  | Email: |
|  |  |
|  |  |
|  | How do you know this person: |
| Post Code: |  |  |
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| **Equal Opportunities**Completing this section optional Sheffcare welcomes applicants with all range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. We will consider any appropriate adjustments to the volunteers environment and endeavour to better support your role. Please give details of any disabilities or health issues. |
| Do you have any health conditions that it would be advisable for Sheffcare to know about to ensure we provide you with the appropriate level of support, or example Diabetes Epilepsy, a heart condition, bad back or other mobility problems? | YES | NO |
| If yes, please provide details: |

|  |
| --- |
| **Health** |
| Do you take any medication that may be required during a volunteering visit? | YES | NO |
| Would you describe yourself as in good health? | YES | NO |

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| --- |
| **Convictions** |
| Do you have any convictions, cautions, reprimands or final warnings? | YES | NO |
| If yes, please provide details: |

|  |
| --- |
| Your details will be kept in accordance with the data protection act 1998/2003 and held securely and confidentially. |
| Signed:  | Dated: |
|  |  |

Please return via email to: volunteering.admin@sheffcare.co.uk or via post to: HR & Recruitment Coordinators (Chloe Wiseman/Julie Bell), Sheffcare Ltd, Central Support, Springwood House, 192 Penrith Road, Sheffield, S5 8UG