



Bute Elderly Befrienders

c/o: 128 John Street, Dunoon, Argyll. PA23 7BN
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www.butebefrienders.com

VOLUNTEER APPLICATION

Volunteer Details

Name: _____ Date of Birth: _____

Address: _____

Postcode: _____ Email: _____

Telephone Number: _____

Do you have a driving licence? Yes No

About You

What are your interests/hobbies/skills?:

Work Experience

Please give brief details of your work experiences, including any voluntary work:

Experience with the Elderly

Have you any previous experience with elderly people? If you have worked with the elderly please detail where any when:

Availability

When would you be able to volunteer? Please give days and times:

Health Issues

Do you have any disabilities or health problems that may affect the type of volunteering that you undertake with us? This will help us match you to the most suitable volunteering opportunity (for example, some of our clients require to be pushed in a wheelchair):

Previous Convictions

Have you ever been convicted of any offences? If yes, please detail below (this will not necessarily affect your ability to be a volunteer):

References

Please give the name and addresses of two referees who can provide you with a character reference. This should not be a family member. At least one referee should know you in a professional capacity. Please ask the person concerned before naming as a referee.

Referee 1

Name: _____

Address: _____

Postcode: _____

Tel: _____

Referee 2

Name: _____

Address: _____

Postcode: _____

Tel: _____

Declaration

Signature of applicant: _____ Date: _____

Equality and Diversity Monitoring - Volunteers

Bute Elderly Befrienders aims to provide equal opportunities and fair treatment for all volunteers. Please complete the form submit with your completed Volunteer Application. The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998.

We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our volunteer base.

Ethnicity

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2001 Census in alphabetical order.

<p>Asian</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background (please write in)</p>	<p>Black</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background (please write in)</p>	<p>Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group (please write in)</p>
<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background (please write in)</p>	<p>White</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Any other White background (please write in)</p>	<p><input type="checkbox"/> Rather not say</p>

<p>Age: _____</p>	<p><input type="checkbox"/> Rather not say</p>
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Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

- Yes No Rather not say

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Rather not say	Transgender
<input type="checkbox"/> Female		<input type="checkbox"/> F to M <input type="checkbox"/> M to F

Faith

Which group below do you most identify with?

<input type="checkbox"/> No religion		<input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jain
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> Other (please write in)	<input type="checkbox"/> Rather not say	

What prompted you to consider volunteering with Bute Elderly Befrienders above other local groups? (*For monitoring purposes only*)
