

**Didsbury Good Neighbours**

Didsbury Neighourhood Centre, Gillbrook Road, Didsbury,

M20 6WH - 07749 504298

**Volunteer Application Form**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address: |  |
| Telephone Numbers: |  |
| Email: |  |
| What is your preferred method of contact? |  |
| Next of Kin – name and contact no –  (Person to contact in the event of an emergency) |  |

**Employment Status (please mark with an X)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employed full time |  | Employed part time |  | Self-employed |  |
| Retired |  | Unemployed |  | Student |  |
| Other |  |  |  |  |  |
| Current or most recent employment/position held | | | |  | |
| Volunteering experience | | | |  | |
| Do you have any specific knowledge/ experience in a particular field? (i.e. IT, experience of working with the elderly, fundraising etc. | | | |  | |

**References:**

Please give the names and addresses of two referees (previous employers preferable). Please note that we will send out our standard reference request form via email. Your reference will need to be on the DGN form to fulfil our requirements, as we ask specific questions relevant to volunteering:

|  |  |
| --- | --- |
| Referee 1 Name: | Referee 2 Name: |
| Email address: | Email address: |
| In what capacity does this referee know you? | In what capacity does this referee know you? |

**Please indicate below the kind of volunteering you are interested in (please mark with an X)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Regular Befriending, which may include -** |  | **Supporting Activities** |  | **Other** |  |
| Visiting |  | Mon pm – Friendship/ dementia group |  | Social media support |  |
| Telephoning |  | Mon am - Strength & Mobility Yoga  Mon pm – Chair Yoga |  | Newsletter production |  |
| Errands |  | Tues am – Coffee Morning |  | Reception duties |  |
| Social trips out |  | Tues am – Digital Inclusion Drop-in |  | Simple DIY jobs |  |
|  |  | Wed pm – Craft Club |  | Digital inclusion/IT support |  |
| **Walking companion** – short walk local area/park |  | Thurs pm – Lunch Club |  | Fundraising |  |
|  |  | Fri pm – Film Club |  | Helping at events |  |
| **Driving:** please indicate your car type: |  |  |  | Management/Trustee |  |
| Transport (2 doors – to and from activities) |  |  |  | Research |  |
| Transport (4 doors – to and from activities) |  |  |  | Gardening |  |

**Many of our clients are vulnerable and frail, and we may carry out a Disclosure and Barring Service Check (DBS) on volunteers.**

|  |  |
| --- | --- |
| Do you have a current DBS | YES/NO |
| If yes what is the reference and date |  |
| Are you registered with the DBS Update Service | YES/NO |

|  |
| --- |
| How did you find out about Didsbury Good Neighbours? |
|  |
|  |
|  |

|  |
| --- |
| Would you be happy for your image to be used in DGN promotional material? Y/N |

|  |  |  |
| --- | --- | --- |
| **Ethnic Origin:** | | |
| White | English/Welsh/Scottish/ Northern Irish | Irish |
| Gypsy/Irish Traveller | Other white |
| Mixed | White and Black Caribbean | White and Asian |
| White and Black African |  |
| Asian or Asian British | Indian | Pakistani |
| Kashmiri | Bangladeshi |
| Asian British | Other Asian background |
| Black or Black British | Black Caribbean | African |
| Other black background | Somali |
|  | Other African background |  |
| Other Ethnic Groups | Middle Eastern | Roma/Romani Traveler |
|  | Vietnamese | Chinese |
| Not known | Other | |
|  |  | |
| **Gender** | Male | Female |
| Transgender | Do not wish to disclose |
| **Marital Status** | Married or civil partnership | Single/Never Married |
| Sexual Orientation | Heterosexual | Lesbian |
| Gay | Bi-Sexual |
| Do not wish to disclose |  |
| **Religion** | Christian | Muslim |
| Buddhist | Jewish |
| Hindu | Sikh |
| Other religion | Do not wish to disclose |
| **Do you have caring responsibilities?** | None | |
| Primary carer of child/children under 18 years | |
| Primary carer of disabled child/children | |
| Primary carer of disabled adult – 18 and over | |
| Primary carer of older person/people 65+ | |
| Secondary carer | |
| **Disability** | Not disabled | Disabled |
| Long term health condition | Do not wish to disclose |
| Not known |  |
| **Refusal/Declined** |  | |

Please return fully completed form by email Attn: Sharon –

[volunteer@didsburygoodneighbours.org.uk](mailto:volunteer@didsburygoodneighbours.org.uk)

**Please check your spam mail if you have not heard from us within a week.**

If you have any queries, please call us on 07495-160270

This information is used in our diversity monitoring. We may store this information with our secure administration system.

**Declaration**

I declare that the information given on this application is correct and accurate to the best of my knowledge. I understand that if accepted by DGN to undertake voluntary work, I will need to consent to a Disclosure and Barring Service check.

Signed............................................................

Date...............................................................