**ACE Neighbours Volunteer Application Form**

Please read the ACE Neighbours Volunteer Role Description carefully before completing this form. You must be aged 60 or over to apply and be available to volunteer in the daytime during the week.

Please complete all sections of the form. If you need any help with filling it in please call Catherine on 07817 632 963 or 0117 305 2365, Mondays to Wednesdays.

**Please complete in BLOCK CAPITALS.**

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| **PERSONAL DETAILS** |
| **Mrs/Mr/Ms/Miss**(Delete as appropriate) | **First name** | **Last name** |
| **What do you prefer to be called?** |  |
| **Address** |  |
| **Post code** |  |
| **Telephone number**  | **Home**  | **Mobile** (if you have one) |
| **Email address**(if you have one) |  |
| **Date of birth** |  |
| **Have you ever volunteered before?**  | **Yes / No** |

In order to become an ACE Neighbours Volunteer you do not need to have worked as a volunteer before, but if you have please tell us about what you’ve done.

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| **VOLUNTEERING DETAILS**  |
| **Volunteer organisation**  | **What was your role as volunteer** |
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We’re looking for retired or semi-retired volunteers so it is unlikely you’ll be currently working but we would be interested in what kind of paid work (if any) you did before you retired. Just include your last few (or most interesting) jobs.

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| **EMPLOYMENT DETAILS** |
| **Company** | **Job title / short description** |
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| **INTERESTS** |
| In order for us to match our volunteers with our participants it would be useful to have an idea of your interests and the kinds of things you do in your spare time. Please list some here.  |  |

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| **Why are you applying to become an ACE Volunteer?** |
| Please tick all that apply:I want to help others I am interested in meeting new people I think I would enjoy it I think it would make me feel more confident I would like to give something backIt would be good to feel neededI would like to do something for my community Other (please specify below:………………………………………………………… |

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| **Your health** |
| Are there any health issues that we should be aware of, for health and safety reasons? |  |

It would be very valuable for us to know how exactly you heard about volunteering with the ACE Neighbours project.

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| **How did you hear about volunteering with ACE Neighbours?** |
| Word of mouth  | Who did you hear about ACE from? i.e. friend, walk leader |  |
| Volunteering website  | Please specify which website |  |
| Posters/leaflets | Where did you see the leaflet/poster? |  |
| Other | Please give details |  |

For this role, we require references from two people, neither of whom should be a relative or partner, but should be people who know you well, for example a previous employer, your GP, a local community worker, or someone you have volunteered for previously.

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| **REFERENCE DETAILS**  |
|  **Reference 1**  | **Reference 2** |
| **Full name**  |  |  |
| **Address** |  |  |
| **Post code** |  |  |
| **Telephone number**  |  |  |
| **Email address** |  |  |
| **How is this person known to you?** |  |  |

Because of the nature of our work, you are required by the Rehabilitation of Offenders Act 1974 to declare all convictions, including those which are spent. Having a conviction doesn’t necessarily mean you are unsuitable for volunteering. Please note that after your interview we will ask you to apply for an Enhanced Disclosure from the Criminal Records Bureau.

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| **CRIMINAL CONVICTIONS** |
| Have you ever been convicted of a criminal offence (including any conviction covered by the Rehabilitation of Offenders Act 1974)?  |  Yes No |

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| **I certify that the information I have given on this form is true and accurate.****I agree that St Monica Trust may hold my personal details on a database, on the understanding that this information will be kept confidentially and not given to any other organisation.** |
| **Signed**  |  | **Date** |  |

**Thank you for applying to be an ACE Neighbours Volunteer!**

Please return this form, marked CONFIDENTIAL to:

 Catherine Robinson, St Monica Trust, Monica Wills House, Cromwell Street, Bristol, BS3 3NH.

Email: catherine.robinson@stmonicatrust.org.uk

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**OFFICE USE: to be completed once volunteer appointed**

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| **EMERGENCY CONTACT FOR VOLUNTEER** |
| **Mrs/Mr/Ms/Miss**(Delete as appropriate) | **First name** | **Last name** |
| **Address** |  |
| **Post code** |  |
| **Telephone number**  | **Home**  | **Mobile** |
| **Relationship to volunteer** |  |