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**BUCKSVISION VOLUNTEER APPLICATION FORM**

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| **Surname** |  | **Title** |
| **First Name(s)** |  |
| **Date of Birth** |  | **Ethnicity** |  |
| **Address** |  |
| **Postcode**  | **Telephone no** |
| **Mobile no** | **Email** |
| **Volunteer Role(s)** |  |
| **How did you hear about BucksVision?**  |
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| **Previous work and voluntary experience(s)** |
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| **Referees :** Please give the names and addresses of two referees, **not** family members, who have known you for over 2 years. If possible, one to be from your present or previous employer. We will contact them in writing, please provide their full postal address. |
| **1.****Telephone No :****Email:** | **2.****Telephone No:****Email:** |
| **a)** Do you have any criminal convictions?  If **YES** please give full details :**b)** It is our policy to request an Enhanced Disclosure from the Disclosure and Barring Service for all volunteers who will have a one-to-one contact with our Members. Will you give your permission for us to request this Disclosure? (This information will be treated in the strictest confidence) . **Yes / No** The amendments  to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website |
| **Availability :** Please indicate below when you would be available to volunteer. |
|  | **Monday** | **Tues** | **Wed** | **Thurs** | **Friday** | **Weekend** | **Flexible** |
| **a.m.** |  |  |  |  |  |  |  |
| **p.m.** |  |  |  |  |  |  |  |
| **Evenings** |  |  |  |  |  |  |  |

Do you know of anyone else who would like to volunteer? BucksVision has many fantastic volunteer opportunities, please tell your friends.

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| Signature | Date |

**Thank you for completeing our Volunteer Application form. If you are applying for a role which involves driving, please continue overleaf.**

**Once completed please return to BucksVision, 143 Meadowcroft, Aylesbury HP19 9HH or email to** **slah@bucksvision.co.uk**

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| **Volunteer Drivers- Please complete in full** |
| Please confirm that you are medically fit to drive as required by the DVLA. | Confirm |
| Please confirm your vehicle is fully insured and has a current MOT certificate. | Confirm |
| Number of Doors | 2 | 3 | 4 | 5 |
| Make of Vehicle |  |
| Registration of Vehicle |  |
| Year of Manufacture |  |
| Does your vehicle have rear seat belts? | Yes | No |
| Would you be prepared to transport a person with their Guide Dog | Yes | No |
| **Please be aware, you must inform your insurance company that you are undertaking non-profit making volunteer driving on behalf of BucksVision. For insurance cover volunteer driving is classed as social and domestic use rather than business use.** |
| Do you have any previous volunteer driving experience? If YES, please give details. |
|  |
| Frequency of volunteer driving commitment you are willing to undertake: |
| Regular commitment- to/from BucksVision Social Club/Activity | Yes | No |
| Occasional local journeys | Yes | No |
| Occasional journeys within Bucks | Yes | No |