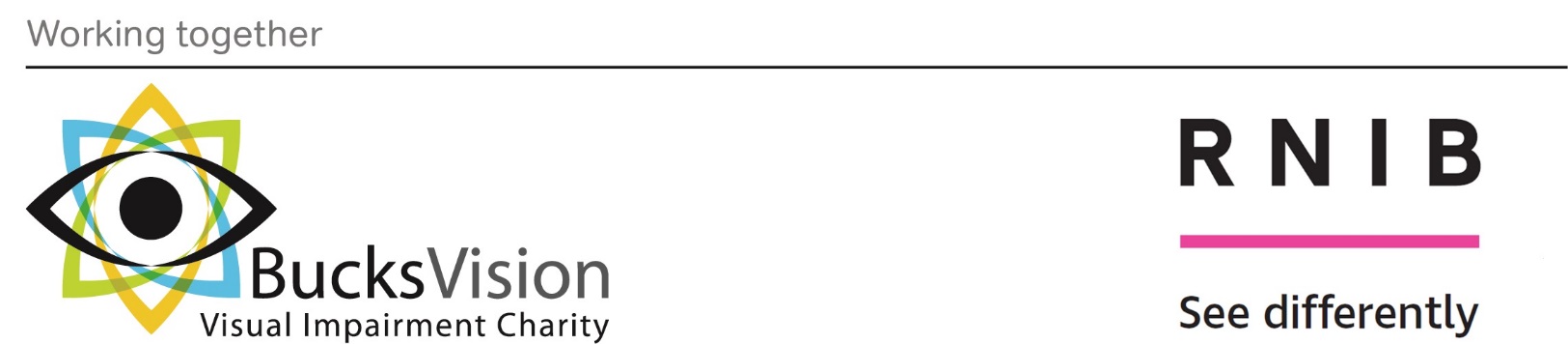
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**BUCKSVISION VOLUNTEER APPLICATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | **Title** | |
| **First Name(s)** |  | | | | |
| **Date of Birth** |  | | **Ethnicity** |  | |
| **Address** |  | | | | |
| **Postcode** | | | **Telephone no** | | |
| **Mobile no** | | | **Email** | | |
| **Please indicate your communication preference below** | | | | | |
| Email | | Post | | | Telephone |
| **Which Volunteer Role(s) are you interested in?** | | |  | | |
| **Why have you applied for this/these particular role(s)?** | | | | | |
|  | | | | | |
| **How did you hear about BucksVision?** | | | | | |
|  | | | | | |
| **Previous work and voluntary/sight loss experience(s)** | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you have any medical conditions or disabilities which may affect your volunteering and any support you may require as a result.** | | | | | | | |
|  | | | | | | | |
| **Referees :** Please give the names and addresses of two referees, **not** **family members**, who have known you for over 2 years. We will contact your referees in confidence. An email address is preferable. | | | | | | | |
| Name: | | | | Name: | | | |
| Address: | | | | Address: | | | |
|  | | | |  | | | |
| Postcode: | | | | Postcode: | | | |
| Contact number: | | | | Contact number: | | | |
| Email: | | | | Email: | | | |
| **Disclosure and Barring Service** | | | | | | | |
| **Have you had a Disclosure and Barring Service (DBS) check carried out in the last 6 months.** | | | | Yes | | No | |
| **Have you had a previous DBS check and you are a member of the update service.** | | | | Yes | | No | |
| **If yes, please give your DBS certificate number *(the number of the original certificate used to register).*** | | | |  | | | |
| 1. Some of our volunteer roles require an Enhanced Disclosure and Barring check. Would you be happy to undergo this check, if your role requires one? **Yes / No** 2. Do you have any criminal convictions? If **YES** please give full details:   *(This information will be treated in the strictest confidence)* | | | | | | | |
| 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** |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you happy to undertake voluntary driving as part of your role?** | | | |
| Yes, please complete this section | No, please continue to signature | | |
| **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.** | | | |
| **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** | | 3 | 5 |
| **Number of seats** | |  | |
| **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 |
| **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 |

|  |  |
| --- | --- |
| **Do you know of anyone else who would like to volunteer? BucksVision has many fantastic volunteer opportunities, please tell your friends.** | |
| **Signature:** | **Date:** |

**Thank you for completing this form, please return it to:**

**Volunteer Recruitment Officer**

**BucksVision**

**143 Meadowcroft**

**Aylesbury**

**HP19 9HH**

**E:** [**slah@bucksvision.co.uk**](mailto:slah@bucksvision.co.uk)

**T: 01296 487 556**