



SUPPORTING OLDER PEOPLE

Community House
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HG1 5RR

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www.supportingolderpeople.org.uk

Volunteer Application Form

Confidential

Today's Date:

Applicant Information

Full Name of Applicant: _____ Date of Birth: _____

Address: _____

Post Code: _____

Email Address: _____

Home Telephone: _____ Mobile Telephone: _____

Please give details of any relevant skills, training or work experience with older people: _____

Medical details that may affect this role: _____

Please give any details of hobbies or interests: _____

Availability for Home Visiting Scheme:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Push a wheelchair? YES/NO

Use your own car? YES/NO

Would you be interested in volunteering for 'Let's Connect!' YES/NO

Would you be interested in joining our Fundraising Committee YES/NO

References

1. Name of Referee: _____ Relationship: _____

Address: _____

Post Code: _____ Telephone Number: _____

2. Name of Referee: _____ Relationship: _____

Address: _____

Post Code: _____ Telephone Number: _____

Emergency Contact

Name:	Relationship:
Telephone Number:	

Disclaimer and Signature

Data Protection:

I agree that the information I have given is correct to my knowledge at this time. I consent to this information being held by Supporting Older People for the duration of my volunteering and for seven years after my volunteering has ceased.

Training:

If possible I will attend training offered by Supporting Older People which is relevant to my volunteering role.

Confidentiality:

Confidentiality is very important and volunteers must treat as confidential any personal information about clients however it is obtained. This includes any information which could result in identification of a client or their family.

However, should a volunteer learn of abuse of a client, self-harm by a client or any other harmful situations they must not promise confidentiality and should discuss their findings with Supporting Older People or, in an emergency, the client's GP or next of kin.

Further advice regarding Safeguarding is available from Supporting Older People.

Disclosure and Barring

In the interests of our clients and our volunteers, it is the stated policy of Supporting Older People to apply for a Disclosure and Barring Service (DBS) check for every volunteer. Evidence of a past record of offending will not necessarily exclude a person from volunteering, each case will be judged on its own merit with the guidance of our Equal Opportunities Policy and the Rehabilitation of Offenders Act. Supporting Older People will treat the information contained within the disclosure with complete confidentiality.

Please tick boxes:

I understand and agree to the above

I confirm that I have no spent or unspent convictions

I agree to have my photograph taken for my SOP identification badge

Signature: _____ Date: _____

Print Name: _____

How did you hear about Supporting Older People: _____

OFFICE USE ONLY:

SUPPORTING CLIENTS

Name of Client:	From:	To: