**APPLICATION FORM**

**VOLUNTEER SCHEME**

***Please complete this form in black ink or type as it may be photocopied***

**CONFIDENTIAL**

**Bury Council Adult Care Services**

|  |  |
| --- | --- |
| Title: |  |
| Full Name: |  |
| Address:Inc postcode |  |
| Email Address: |  |
| Day Telephone Number: |  |
| Evening Telephone Number: |  |

**How long would you like the duration of the volunteer placement to be?**

Please indicate the number of:

|  |  |
| --- | --- |
| **Weeks** |  |
| **Months** |  |
| **Years** |  |

**Which area(s) of Bury would you like to do your placement?**

* Ramsbottom
* Tottington
* Brandlesholme
* Radcliffe
* Whitefield
* Prestwich
* Central Bury
* Walshaw
* All

**For Office Use Only**:

* Photo Taken
* References checked
* Trent Updated
* CRB Complete
* Mgr Contact
* Placement agreed
* Insurance Form Induction Form to Mgr
* ID Checked

**Please tick which areas you are interested in to undertake the volunteer placement.**

**Please rank the options in order of preference i.e. Older Peoples (1), Learning Disability (2)**

|  |  |
| --- | --- |
| Supporting Older People |  |
| Supporting people with a Learning Disability |  |
| Offering a befriending service to Service Users |  |
| General Administration and Computer work |  |
| Undertaking general maintenance tasks |  |
| Gardening |  |
| Painting & Decorating |  |
| Arts & Crafts |  |
| Provide a talk on a specific topic |  |
| Basic Reception duties – Answering telephones |  |
| Meet & Greet visitors  |  |
| Sit & Chat with service users |  |
| Lead an activity session e.g. baking, crafts, bingo etc |  |
| Promoting Healthy Lifestyle |  |
| Supporting people to lead a Healthy Lifestyle |  |

**AVAILABILITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day/Time** | **08.45am – 12.00noon** | **12.00noon – 2.00pm**  | **2.00pm – 5.00pm**  | **5.00pm – 10.00pm** | **Other (Please specify)** |
| **Monday** |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |
| **Friday** |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |

**Please indicate the periods that you are available to undertake a volunteer placement by marking the boxes below with a tick.**

**I am available to volunteer at any times** **[ ]**

**QUALIFICATIONS AND PREVIOUS EXPERIENCE**

Please remember that you do not need qualifications or previous work experience to participate in the volunteer scheme.

**PAST WORK (If none, state NONE)**

Please give details of past work you have undertaken that is relevant to the role you are interested in. This can include paid work, voluntary work, work experience or work at home. Start with the most recent.

|  |  |  |  |
| --- | --- | --- | --- |
| **JOB** | **EMPLOYER** | **FROM** | **TO** |
|  |  |  |  |

**APPLICANTS WITH DISABILITIES**

Please give details of any aids/adaptations you feel would help you to undertake a volunteer placement. This may affect the volunteer placement that we are able to offer you. Please also indicate any duties you would be unable to undertake.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **FURTHER INFORMATION** |
| **This is the important part of the form. Please answer all the questions carefully. It is this information that will help you get on to the volunteer scheme.** |
| **1. Why are you interested in Volunteering with Bury Adult Care Services?** |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **2. What sort of Volunteering activities are you interested in?** |
|  |
|  |
|  |
|  |
|  |
|  |
| **3. What current skills / abilities do you have that would be transferrable to the volunteering role?** |
|  |
|  |
|  |
|  |
|  |
|  |
| **4. Are there any new skills you would like to learn as part of your volunteering role?** |
|  |
|  |
|  |
|  |
|  |
|  |
| **5. Please advise what (if any) hobbies / interests you have that you would like to share as part of your volunteering role?** |
|  |
|  |
|  |
|  |
|  |
|  |
| **6. What do you hope to achieve from completing your volunteer placement?** |
|  |
|  |
|  |
|  |
|  |
|  |
| **7. Are you looking to gain paid employment at the end of your volunteer placement? If so please could you indicate which area of work you would be interested in.** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **8. How did you find out about the Scheme: (e.g. website)** |
|  |
|  |
|  |

**9. Emergency Contact Information**

|  |  |
| --- | --- |
| **Emergency Contact Name** |  |
| **Address** |  |
|  |
|  | **Post Code** |  |
| **Contact Telephone Number** |  |
| **Relationship to yourself** |  |
| **Doctors Name** |  | **Doctor’s Tel No.** |  |
|  |  |  |  |

**10. References**

Please give details of two references.

**Please note one reference must be from a professional i.e. from a recent employer or if not employed a tutor.**

**Professional Ref :**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Address: |  |
| Job Title: |  |  |  |
| Email: |  |  |  |
| Tel No: |  |  |  |

**Character Ref : (Not a Relative)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Address: |  |
| Job Title: |  |  |  |
| Email: |  |  |  |
| Tel No: |  |  |  |

**\*The volunteer placement process could take upto a maximum of 3 months to complete whilst collating references and Criminal Records Disclosure however we will maintain regular contact to keep you updated on your application.**

**Please return your completed application form to**

**ACS Volunteers, Room 7, Human Resources, Town Hall, Knowlsey Street,**

**Bury BL9 0SW**

**Adultcare.volunteers@bury.gov.uk**