**Volunteer Application Form**

**Section 1 – About you**

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| --- | --- | --- | --- | --- | --- | --- |
| Title: | ◻Mr | ◻Mrs | ◻ Miss | | ◻ Ms | ◻ Other (please specify): |
| Name: |  | | | | | |
| Address: |  | | | | | |
| Postcode: |  | | |  | | |

|  |  |
| --- | --- |
| Telephone Number: |  |
| Mobile Number: |  |
| Email Address: |  |

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| --- | --- |
| Would you be happy for DMiP to keep you up to date with news and announcements via email? | ◻ Yes ◻ No |

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| Do you have a full, clean driving licence? | ◻ Yes ◻ No |
| Do you own your own vehicle? | ◻ Yes ◻ No |

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| --- | --- | --- | --- |
| Are you? | | | |
| ◻ Employed | ◻ Unemployed | ◻ Retired | ◻ Student |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| When are you available to volunteer? | | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| am | ◻ | ◻ | ◻ | ◻ | ◻ | ◻ | ◻ |
| pm | ◻ | ◻ | ◻ | ◻ | ◻ | ◻ | ◻ |

|  |  |
| --- | --- |
| How much time would you like to give? |  |

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| --- | --- |
| If you have carried out any voluntary work previously, please explain what you did (including details of the organisation and how long you were there): |  |

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| What kinds of skills do you feel you could offer in a voluntary placement? |  |

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| Do you have any particular interests you would like to pursue through volunteering? |  |

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| --- | --- | --- |
| What type of voluntary work would you like to be involved in? | | |
| Hybrid Meeting Centre Support  (supporting our Dementia Meeting Centres based in Brecon, Llandrindod Wells, Ystradgynlais and Newtown, Welshpool due to open Winter 2021. Roles include Cook, Activity Support, Admin, Physical help to set up rooms)  ◻  Befriender  (providing practical support to individuals living with dementia and their carers) ◻    Telephone Buddy  (providing telephone contact support to DMiP members and their carers)  ◻ | Driving ◻  (transporting those living with dementia, their carers, fellow volunteers to meetings and events)  Digital Connections Supporter ◻  (supporting individuals to connect to DMiP online activities)  Community Champion ◻  (supporting community ‘make dementia matter’ events, fundraising, promotional community work) | Work with Schools, Communities and Businesses to help them to become more Dementia Friendly ◻  Support us with general  awareness raising events like Dementia Awareness Week ◻  Other………………………………. |

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| Do you have any particular hobbies and interests? |  |

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| Do you have any health conditions which we should be aware of? |  |

**Section 2 – Equal opportunities and monitoring**

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| How did you hear about Dementia Matters in Powys? | | |
| ◻ Newspaper | ◻ Open day / event | ◻ Leaflet / poster |
| ◻ Friend / colleague | ◻ Referred by other organisation | ◻ Talk / presentation |
| ◻ Email briefing | ◻ Word of mouth | ◻ Volunteering Wales Website |
| ◻ Social Media | ◻ Other: Please specify below |  |

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| --- | --- | --- | --- |
| DMiP is committed to the principles of equality and diversity. To help with equal opportunities monitoring and to ensure we are delivering a service reflective of the community, we would be grateful if you would complete the following: | | | |
| Gender:  ◻Male  ◻ Female  ◻ Prefer not to say | Age:  ◻ 11 – 16  ◻ 16 – 25  ◻ Over 25  ◻ 25 - 55  ◻ Over 56  ◻ Prefer not to say | Employment status:  ◻ Employed  ◻ Unemployed  ◻ Retired  ◻ Student  ◻ Prefer not to say | Ethnicity:  ◻Asian  ◻Black  ◻ White  ◻ Other  ◻ Prefer not to say |

|  |  |
| --- | --- |
| Do you consider yourself to be disabled? | ◻ Yes ◻ No |
| Are you registered disabled? | ◻ Yes ◻ No |
| Are you a Welsh speaker? | ◻ Yes ◻ No |

|  |  |
| --- | --- |
| Please enter the name and contact details of 2 referees who have known you for at least 2 years. References cannot be accepted from family members. | |
| **Referee 1**  Name:  Address:  Postcode:  Telephone Number: | **Referee 2**  Name:  Address:  Postcode:  Telephone Number: |

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| **Any other information:** |
|  |

**Section 3 - Important information about benefits**

* If you are receiving benefits, you must inform your benefits advisor about your voluntary work
* Job seekers allowance should not be affected as long as you continue to be actively seeking and available for work and are able to take up offers of paid employment within 48 hours. Please inform your advisor if this happens. You will be allowed to receive out of pocket expenses only.
* Disability living allowance should not be affected by voluntary work.
* Invalid care allowance will not be affected unless your voluntary work prevents you from caring for the disabled person for at least 24 hours a week.
* Incapacity benefit should not be affected, but do consider that the type of voluntary work you undertake could be used by your benefit office to indicate your fitness for work, unless it is considered to be therapeutic.
* State retirement pension will not be affected by your voluntary work. However, large transport expenses may be taxable.
* Income support will not be affected.

**Section 4 – DBS / Police checks**

We require all DMiP Volunteers and Staff to provide Enhanced DBS checks – DMiP cover the cost of these checks

Are you registered with the DBS update service ☐ Yes ☐ No

**If Yes**

I give permission for DMiP to conduct an online status check to make sure that the information on my

current DBS certificate is up-to-date. Reference Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5 – Confidentiality**

Volunteers are reminded that any sensitive information they may come across in the course of their work should be kept confidential at all times, however insignificant they may seem.

**Section 6 - Declaration**

◻ I confirm that I have read and understood the information and guidance within this document

◻ I do not give permission for my information to be passed on to other organisations

◻ I confirm that the information I have provided in this application form is true and accurate

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| --- | --- | --- | --- |
| Signature |  | Date |  |

***\*IF VOLUNTEER APPLICANT IS UNDER 16 YEARS OF AGE A PARENT/LEGAL GUARDIAN MUST GIVE THEIR CONSENT BY GIVING THEIR NAME AND SIGNATURE BELOW***

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Name & Signature: |  | Date |  |

Please return completed form(s) to:

**Deborah Gerrard at: deborah@dementiamatterspowys.org.uk**

**Thank you for your interest and for considering helping us to *create communities where dementia matters***