|  |  |
| --- | --- |
|  | **Enfield Carers Centre****Volunteer Application Form** |

Please take time to **complete the form fully it** helps us to establish how both you and the Centre can benefit from your work.

If you have any questions or would like some assistance in completing this, please do not hesitate to contact Enfield Carers Centre.

|  |
| --- |
| **CONTACTDETAILS** |
| **Title**: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  |
| **First Name(s):**  | **Last** **Name**:  |
| **Address**:  |
|   |
| **Post** **Code**:  | **Home** **Phone**:  |
| **Work** **Phone**:  | **Mobile** **Phone**:  |
| **Email:** *Please include this if you check your e-mails regularly and are happy for us to contact you by email*:  | **Date** **of** **Birth**: Select date |

Why would you like to be a volunteer at Enfield Carers Centre?

|  |
| --- |
|  |

Please tick the sort of volunteer work that you are interested in:

Admin [ ]  Translation [ ]  GP & Hospital Support [ ]

Fundraising [ ]  Events Organisation [ ]  Young Adult Carers [ ]

Online/ IT [ ]  Community Group Liaison [ ]

Other (please state):

Please tell us which of the following skills you feel you can bring to the volunteering role:

IT skills – Microsoft Office [ ]  Telephone experience [ ]  Using a database, data input [ ]

Working with children / young people [ ]  Teaching / tuition experience [ ]

Mentoring / befriending [ ]  Organising events / fundraising [ ]

Reception work [ ]  Financial / accounts [ ]

Social media / website maintenance [ ]  Delivering presentations/ public speaking [ ]

Please use this space to tell us about other skills not listed that you are willing to share with ECC:

|  |
| --- |
|  |

Please tell us about any previous volunteering experience that may help you in your role:

|  |
| --- |
|  |

Please give details of any personal experience of being with or working with Carers:

|  |
| --- |
|  |

How often are you looking to volunteer?

Weekly [ ]  Monthly [ ]  Time limited [ ]  One-off [ ]

When are you available to volunteer?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Sat / Sun** |
| Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning | Morning [ ]  |
| Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  |
| Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening | Evening [ ]  |

|  |
| --- |
| Please confirm: |
| Do you have a current DBS: Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| **Contact in case of emergency:**Name: Mobile: Relationship: | Tel No: Email:  |

Are you legally eligible for a volunteering role in the UK? Yes [ ]  No [ ]

*If you are legally eligible to work in the UK, you are also eligible to volunteer. If in doubt, please contact Voluntary Services to discuss your situation.*

Do you consider yourself to have a disability? Yes [ ]  No [ ]

|  |
| --- |
| If yes, please give details. Please also detail what assistance (if any) you might need to help you with your volunteering or work experience. |

Do you have a medical condition which may impact on your volunteering? Yes [ ]  No [ ]

|  |
| --- |
| If yes, please give details: |

Working at Enfield Carers Centre will bring you into contact with Carers and their stories. We want both you and those we care for to be sure that you can cope with this.

Have you had a close bereavement (family or close friend) within the past year? Yes [ ]  No [ ]

|  |
| --- |
| If yes, please give details: |

Are you, a close relative or a friend of someone currently receiving services from the Centre? Yes [ ]  No [ ]

|  |
| --- |
| If yes, please give details: |

**REFERENCES**

Please provide details below of **two referees** who have agreed to supply a reference for you. \*They should not be related to you, but should have known you for the last 2 years, and be able to comment on your ability to fulfil this role. **Please complete all the boxes\***

*We will only contact referees if your volunteer application has been successful. Due to the nature of our services, all our reference requests include questions about safeguarding concerns relating to children and adults at risk.*

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Position / how known to you: |  |  |
| Organisation (if any): |  |  |
| Address: |  |  |
| Postcode: |  |  |
| Email: |  |  |
| Contact Number: |  |  |

**How did you hear about Voluntary Roles at ECC?**

**DATA PROTECTION**

Any information you supply in this form is confidential and will only be used in respect of your voluntary placement in line with the Data Protection Act 1998. By submitting this application form you consent to the Centre using this information for this purpose.

[ ]  From time to time Enfield Carers Centre would like to send you information about our work. If you would prefer us not to use your details in this way, please tick here.

**CRIMINAL CONVICTIONS**

Some roles require a DBS (CRB) check.

Do you give permission for such a check? Yes [ ]  No [ ]

**CONFIDENTIALITY**

Volunteers must not, under any circumstances, discuss any personal matters (regarding paid or voluntary staff) or disclose carer information or details to anyone outside the Centre. Information about a carer cannot be discussed with relatives or friends unless the carer has given permission for this. Volunteers are expected to respect business confidentiality, particularly in financial matters and policy issues as specified by the Board of Trustees. In formation held within the Centre is not for the public domain until/unless permission is given or published in the Annual Review or by a press release. The Centre regards any breach of confidentiality very seriously. Any breach could result in the end of your volunteering at the Centre.

**DECLARATION**

* I confirm that all the information given by me on this form is correct and accurate. I understand that if any of the information I have provided is later found to be false or misleading, any offer of a voluntary role made to me be withdrawn and if already volunteering, this could be terminated.
* I understand that any matters of a confidential nature, must under no circumstances be divulged or passed to any unauthorised person(s).
* I consent to my information being held and processed by Enfield Carers Centre or its agents In accordance with General Data Protection Act 2018.

Signed: Date:

**Our Commitment to Safeguarding**

Enfield Carers Centre aims to protect children/ young people and adults who receive Enfield Carers Centre’s services from harm. This includes the children of adults who use our services

To provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child and adult protection. This policy applies to anyone working on behalf of Enfield Carers Centre including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff and work experience students.

PLEASE RETURN YOUR COMPLETED FORM TO:

Fiona Jones

By post: Enfield Carers Centre, Britannia House, 137-143 Baker Street, Enfield, EN1 3JL

By e-mail: fionaj@enfieldcarers.org