



Application to Volunteer

Volunteer Name.....Mr/Mrs/Miss/Ms

Address.....

.....Postcode.....

Telephone NoDOB.....

Email

Emergency contact name.....

Emergency contact number.....

How did you hear about Hands Together?

Do you know other Hands Together volunteers?

How would people you know describe you?

Why do you want to volunteer with Hands Together?

What would you like to get out of volunteering?

Volunteer activity areas:

Cooking & catering	Befriending & mentoring	Transport	Housework
Gardening	Organisation / paperwork	IT / Internet / phones	DIY
Other strengths / areas where you could help			

When / how often would you like to volunteer?

Sometimes the nature of assistance we give to vulnerable people means we are required to carry out enhanced DBS checks on volunteers. Would you be happy for an enhanced criminal records check to be carried out if necessary?

Yes No

Have you ever been convicted of a criminal offence, either spent or unspent, or received an Official Police Warning?

Yes No

Is there anything you would like to tell us (about your health, your personality or your past) that might be useful when making sure we use your talents in the best possible way?

Yes No

Agreement to use images
From time to time we take photographs of events and activities where volunteers are present and use these images on our website, Social Media feeds, and promotional literature. Would you be happy for Hands Together Ludlow to use images featuring yourself?

Yes No

Note: If you are the main focus of an image we will always seek to share the image with you to gain your agreement before using it.

DECLARATION OF CONFIDENTIALITY

I hereby declare that I will hold in strict confidence any personal information concerning Hands Together Ludlow clients and that I will not divulge such information to any unauthorised person nor discuss it with colleagues in any public place. I understand also that the disclosure to unauthorised persons of confidential information concerning clients is classified as misconduct, which may lead to my being asked to leave my volunteer role.

Volunteer Signature:

Print Name:

Date:

*I consent to Hands Together Ludlow storing this and other data directly linked to any help provided (eg before & after pictures of a garden clearance), sharing this information with Hands Together Ludlow staff and volunteers. **YES / NO***

All data is stored securely and confidentially. We never disclose contact details to a 3rd party. If you would like your details removed from our records please contact Peter Gray at handstogetherludlow@gmail.com