



Application to Volunteer

Thank you for offering to volunteer with Hands Together Ludlow. Once we receive your completed form we'll be in touch to arrange a meeting (face to face, phone or video-conference) when we can get to know each other better, answer any questions you might have, and look at what opportunities we can provide to help you help your community.

Full Name:

Address:

..... Postcode

Telephone No DOB

Mobile No Email

Gender

Emergency contact name & number

Please add details of any recent or current volunteering activities

Charity Name(s)	Dates (eg 2014–2016)	Type of help provided

OPPORTUNITIES FOR VOLUNTEERING

Please indicate which of the below you might be interesting in helping with. This doesn't commit you but helps ensure we can try to offer opportunities that work well for you.

<i>Cooking / serving meals</i>	<i>Befriending lonely people (phone or face to face)</i>	<i>Help transporting people or making deliveries (eg meals)</i>	<i>Temporary home help, eg hoovering for someone post-surgery</i>
<i>DIY, from changing a bulb to fixing a curtain rail.</i>	<i>Helping people get online</i>	<i>Helping people get on top of their paperwork</i>	<i>Helping people get paid or unpaid work</i>
<i>Helping run our playgroup (on a rota)</i>	<i>Helping with our website & Social Media (on a rota)</i>	<i>Home or office-based admin & volunteers liaison (on a rota)</i>	<i>Helping at Ludlow Men's shed (on a rota)</i>

ABOUT YOU

What motivates / will motivate you when it comes to volunteering?

We require all volunteers to undertake certain basic training (eg Safeguarding) and some volunteer roles require additional specialist training. All training is paid for by Hands Together Ludlow and kept as informal and engaging as possible.

Are you happy to participate in our training programme as needed?

Y / N

Only complete this box if you would like to join our list of volunteers able to make deliveries or give people lifts to key events such as hospital appointments

- I confirm I hold a valid driving license and will notify the charity if this changes **Y / N**
- I confirm the car I will use is legally fit for driving, including MOT when needed **Y / N**
- I confirm I have valid car insurance and have notified my insurer that I will do occasional unpaid voluntary driving **Y / N**

Hands Together Ludlow is an inclusive charity serving a diverse community. We welcome volunteers from all walks of life, especially caring people with a passion to improve their community. Trustees, staff and existing volunteers will do everything possible to ensure equality of opportunity for all including making all reasonable adjustments where possible.

Do you have a disability or any additional needs you would like Hands Together Ludlow to take account of?

Y / N

If yes, please explain any reasonable adjustments we could make to help you, should you become a volunteer. Use a separate sheet if necessary

OUR CHECKING PROCESSES

Most of the help we give supports local vulnerable people, meaning we need to confirm your identity and any criminal convictions you may have before putting you in touch with people needing your help. We do this by checking your photo ID, requesting references, and requesting a DBS check where appropriate. ***Hands Together Ludlow will pay for the cost of this check and keep all your details private and confidential.***

Are you able to provide a Passport or Driving License (or if you don't have either a utility bill) as proof of ID?

Yes **No**

Have you ever been declined / removed as a volunteer by any charity?

Yes **No**

Are you happy for a 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**

If yes, please provide an indication of the offence on a separate sheet. (Note: This includes matters still under investigation and excludes fixed penalty notices such as a speeding or parking ticket)

Please provide details of somebody aged 18+ and not a family member. Hands Together Ludlow will contact this person requesting a brief reference.

Name:

Address

Tel. no.

Email

Their relationship to you:
(eg former manager, friend)

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**

CONFIDENTIALITY & DATA PROTECTION GUIDELINES

All data is stored securely and confidentially. We never disclose contact details to a 3rd party without your prior consent. If you would like your details removed from our records at any point please contact Peter Gray at handstogetherludlow@gmail.com. We aim to remove all personal details within 3 days of receiving the request. I consent to Hands Together Ludlow storing this and other data directly linked to any help provided and using this to help promote the charity's services and track work done.

I agree that I will hold in strict confidence any personal information concerning Hands Together Ludlow clients and that I will not divulge such information to anyone else, except staff within the charity, including the Safeguarding Officer if you are worried about the safety of the person you are helping.

Signature:

Would you like to receive our Newsletter

Yes

No

We email this monthly, keep your details secure, and do not pass email addresses to other organisations.

I declare that the details given on this form are correct to the best of my knowledge. I will update the charity if / when my personal circumstances change. I understand it is a criminal offence to knowingly provide false information.

Name: _____

Signature: _____

Date: _____

Please return either by email to handstogetherludlow@gmail.com
or by post or by hand to Hands Together Ludlow, 52 Broad St, Ludlow SY8 1NH