

LINK Volunteer Application form



Name: _____ Date of Birth: _____
Address: _____

Home Tel: _____ Mobile: _____

Work Tel: _____

Email: _____

Who to contact in an emergency:

How would you like us to contact you: e-mail post phone

Do you have any hobbies, skills or interests?

Please tell us why you want to become a volunteer for LINK?

What sort of voluntary work would you like to do? Please tick:

- Help in the office, admin, newsletter, prepare promotional material and publicity.
- Attend promotional events and talk face to face to individuals or groups
- Represent the LINK at meetings and groups where health and social care services are discussed
- Train to become part of the LINK visiting team to visit health and social care services

When would you be available to volunteer?

- Flexible Prefer Week Days Prefer Weekends
 Prefer Daytime Prefer Evenings Other: please specify

Do you have a disability or mobility issue?

- NO Yes (please give details)

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Do you have any health issues or take any medication you think we should know about? (Please tell us about these)

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Do you drive (i.e.: do you have a car) Yes No

How did you hear about us?

- Through a volunteering web site Word of mouth
 Volunteer Bureau Advertisement in _____
 At a Link's promotional event Other _____

Name and address of 1 reference

Name	
Address	
Contact No.	

**If you would like this information in another language or format
(e.g. large print)**

Please contact LINK 01752 202406/7

Email info@plymouth-link.co.uk

www.plymouth-link.co.uk

I confirm that the information given on this form is true and accurate. I will tell you if any of the information I have given changes. I understand that if any information is found to be incorrect or untrue this may prevent me from volunteering.

Signed: _____

Date:

Please return the completed form to:

**LINK.
Unit 15,
HQ Building,
237 Union Street,
Plymouth, PL1 3HQ**

Or email info@plymouth-link.co.uk

Thank you for your interest!

Plymouth Involvement and Participation Service

EQUALITY & DIVERSITY MONITORING

LINK is strongly committed to an ethos of equality and non discrimination within all areas of its work and aims to positively value individuals.

To help monitor use of this policy we would be grateful if you would complete this form.

This page of your application form will be detached immediately upon receipt, will be kept confidential and will only be used for monitoring purposes.

1. Are you Male female

2. Do you consider yourself to be disabled? Yes / No

3. What is your age group? Please tick.

25 and under	<input type="checkbox"/>	40 - 55	<input type="checkbox"/>
26 - 39	<input type="checkbox"/>	56 - 65	<input type="checkbox"/>
Over 65	<input type="checkbox"/>		

2. What do you consider to be your Ethnic Origin? (*Please tick ✓*)

Black British	<input type="checkbox"/>
Black African Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Black Other	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>
Asian Other	<input type="checkbox"/>
Greek	<input type="checkbox"/>

Turkish	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Black Irish	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
White	<input type="checkbox"/>
White Other	<input type="checkbox"/>
Other (specify) _____	

Thank you

For office use only

Name of volunteer _____

Date application received: _____

Date of 1st interview: _____

Interviewed by: _____

REFERENCES

Date references applied for: _____

Date of 1st reference received: _____

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Placement

Placement date and description: _____

Supervisor/line manager: _____

Car user

Driving licence check Date: _____ Supervisor: _____

Insurance check Date: _____ Supervisor: _____

MOT check Date: _____ Supervisor: _____

Additional comments