

Registered Charity No: 1176125

[www.aphasiareconnect.org](http://www.aphasiareconnect.org)

Email: info@aphasiareconnect.org

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| **Application for voluntary work** |
| **Please print clearly in black ink** |

**Voluntary Position applied for (please tick below):**

Communication Support Volunteer o

Media team o

Fundraising o

Other o Date of application: \_ \_ / \_ \_ / \_ \_ \_ \_

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| **Title**: **Surname:** | **Forenames**:  |
| **Date of Birth:** |  |
| **Address**:  | ( Phone number: E-mail: |
| Employment History (paid work, including voluntary work)Previous and present employer Position held From ToDetails of any Volunteering*Continue on separate sheet if necessary* |
| **Please give details of interests or hobbies:****Skills /qualities you can bring as a volunteer:****If you are interested in being a communication partner/ buddy – are there any other languages apart from English that you would be happy to use when buddying?** **Why are you interested in Volunteering?** **How did you hear about Aphasia Re-Connect?****Date you can begin voluntary work for Re-Connect:**

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| --- | --- | --- |
| Please tick times you are available to volunteer: | Morning | Afternoon |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

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| Do you have a DBS?o **Yes**If yes, please select that all apply:o Childreno Adultso Children & Adultso Enhancedo No |

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| **References** |
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| Please give all relevant details of **two independent employment/voluntary referees** (not relatives), both of whom have agreed to provide a written reference for Re-Connect and confirm the email address to avoid any delay in your application. You can give either a phone number or email address, whichever you think they would prefer. Full Name: Full Name:Occupation: Occupation:Relationship to you: Relationship to you: Telephone: Telephone: Email: Email:   |
| **Convictions**Have you ever been convicted of a criminal offence, including a spent conviction? YES/NOIf YES, please give details:-(The Rehabilitation of Offenders Act 1974 requires you to reveal unspent convictions when working with vulnerable clients although disclosure will not necessarily prevent you from becoming a volunteer.)Do you have a current DBS for working with vulnerable adults? YES/NO |
| **Disability**Do you consider yourself to have a disability? YES/NOIf yes, please give details:-How can we assist with any special needs to enable you to attend interview or carry out your duties? |
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| **Sign and date the declarations below:**I declare that the information given by me, to the best of my knowledge, is true and complete.I agree to this information being kept confidentially by Aphasia Re-Connect under the Guidelines of the Data Protection Act.NAME ........................................................................ SIGNED ...................................................................... DATE ..........................................................................This application is for voluntary work only. Neither of us intends any employment relationship to be created either now or at any time in the future. |

Please return to Aphasia Re-Connect, info@aphasiareconnect.org

Or call Sally on 07885 288 943 if you have any queries