

Registered Charity No: 1176125

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

Email: info@aphasiareconnect.org

|  |
| --- |
| **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: \_ \_ / \_ \_ / \_ \_ \_ \_

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

|  |
| --- |
| Do you have a DBS?  o **Yes**  If yes, please select that all apply:  o Children  o Adults  o Children & Adults  o Enhanced  o No |

|  |
| --- |
| **References** |
|  |
| 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/NO  If 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/NO  If yes, please give details:-  How can we assist with any special needs to enable you to attend interview or carry out your duties? |
|  |

|  |
| --- |
| **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](mailto:info@aphasiareconnect.org)

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