**Volunteer Application Form**

Please complete in **BLOCK CAPITALS**

**Name**………………………………………………**Male/Female (Ms/Mrs/Miss)**

**Age**…………………**Date of Birth**……………………………………………………………..............

**Address**………………………………………………………………………………….…………………

…………………………………...………………………………………………………….…….…………

**Post Code**…………………………………

**Work Telephone Number** ……………………… **Mobile**……………….………………….…….

**Email Address**...............................................................................................................................

We produce a biannual newsletter which you will automatically receive unless you tell us otherwise. Please indicate how you would like to receive it **Post / Email**.

Blind people can be especially vulnerable. We are sure that you will understand why we have to ask you to supply us with the names of two people, not residing at the same address who can be contacted for references. Do please check that your friends or colleagues are prepared to do this. A referee can be any adult who is not a family member, has known you for at least two years and knows you well. Any information obtained will be treated in strict confidence.

Name and Address of two referees who we can contact:

1. **Name**…………………………………….... 2. **Name**…………………….………………….

**Address**………………………….…………. **Address** …………………………………….

………………………………………… …………………………………………

**Post Code**……………………………. **Post Code** …………………………….

Do you have a criminal record? Yes/No

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service (DBS) website.

As you will be working with vulnerable people it is our policy to ask for an enhanced DBS check. Relevant forms will be sent out on receipt of your application which must be returned to our office with the necessary identity documents.

**Details of any Convictions** (see Guidance notes above)

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**Signed**……………………………………… **Date**………………………………………….

This application form along with any other information you submit will be stored securely, in line with the Data Protection Act. We will only use your data for the purposes of monitoring and managing our volunteer programme. We will not swap, share or sell your information with any other organisation outside of KAB.

By signing this application, you give consent for your information to be shared in this way.

**Volunteer Checklist**

**Name:** …………………………………………………………….……… (**BLOCK CAPITALS)**

The following questions have two purposes: they are designed to ensure that our volunteers are matched appropriately and they are intended to help us monitor and develop our voluntary schemes. If you feel that any question is irrelevant to these purposes, please comment. Although this data will be stored on a computer, it will be treated in the strictest confidence. Data protection no. X3124697.

1. How did you hear about volunteering with KAB?

2. When are you generally available to volunteer i.e. WEEKDAY / WEEK END / DAY / EVENING?

3. Which volunteer opportunities interest you, please mark all applicable:  
 DRIVER / EYE BUDDY / TANDEM BUDDY / AD HOC BUDDY / CLUB HELPER

4. Are you available every week? If not, how often?

5. Would you rather be matched with: A WOMAN / A MAN / NO PREFERENCE

6. Is there any situation that you feel unable to cope with: e.g. fear of dogs/cats/dislike of

smoking etc?

7. Do you have a full current British driving licence and use of a car? YES / NO

8. Tandem Buddies only - please outline your cycling experience:  
 How far would you like to cycle? How long would you prefer to cycle for?

Are you prepared to cycle throughout the year?

9. Do you have any interests/hobbies that we should consider when matching you with a visually

impaired person?

10. Do you speak any other languages? YES / NO

11. Do you have previous experience with visually impaired people or as a volunteer (if so, please

give brief details?

12. Would you be happy to assist a visually impaired person to take part in sporting activities, e.g. the gym or swimming?

**Signature: Date:**