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| **Volunteer Application PramaLIFE** |  |

## Contact Information

|  |  |
| --- | --- |
| Title | (Mr/Mrs/Miss/Other) |
| Full Name |  |
| Address |  |
| Post Code |  |
| Home Phone & Mobile |  |
| E-Mail Address |  |
| Please circle your preferred method of contact Email Mobile SMS Post | |

## Availability

### Which days are you available to volunteer?

|  |
| --- |
|  |

## Interests/Role Applied for

|  |  |  |
| --- | --- | --- |
| Please tell us in which areas you are interested in volunteering – | | |
| 🗌 Memory Lane Clubs | 🗌 Pop-in Groups | 🗌 Fundraising |
| 🗌 Befriending | 🗌 Carers’ Groups | 🗌 Charity Shops |
| 🗌 Driver\* | 🗌 Admin Support | 🗌 Other (Please detail): |
|  |  |  |
| Have you been on a taster session? Yes/ No If so, which group? | | |
|  | | |

## \*Please complete the supplementary sheet for any driving roles

## Special Skills or Qualifications

### Please tell us about your experience and skills you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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|  |

## How did you hear about this role?

## Person to Notify in Case of Emergency/NOK

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Relationship |  |  |  |
| Home Phone |  | Mobile Phone |  |
| E-Mail Address |  |  |  |

## Referees

Please provide details of two people who we can ask for a reference to support your application. **Referees should not be family members.**

|  |  |
| --- | --- |
| **Referee One** | **Referee Two** |
| Name: | Name: |
| Address: | Address: |
| Post Code: | Post Code: |
| Telephone: | Telephone: |
| Mobile: | Mobile: |
| Email Address: | Email Address: |
| Relationship: | Relationship: |
| Length of time known: | Length of time known: |

## Medical and Disability

**Do you have an impairment, health condition or learning difference that may require support from us?**

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to say |

|  |
| --- |
| If you have answered yes, please give details |
|  |

## Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975

### As your role may involve supporting vulnerable groups it is necessary under the above order to ask the following:

Have you any unspent convictions? ☐ Yes ☐ No If yes, please give details:

## Our Policy & Data Protection

### It is the policy of this organisation to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

🗌 Please tick this box to confirm you agree to your details being held by Prama in accordance with the data Protection Act 1998 and under the GDPR regulations 2018. We will not pass your details on to anyone else.

🗌 Please tick this box to confirm that you would like us to keep you informed about other Prama activities and opportunities by: email 🗌 phone 🗌 SMS 🗌 post 🗌

## Confidentiality Agreement and Signature

* By submitting this application, I confirm that the facts provided are accurate.

### I am willing to abide by the values and behaviours of Prama. I agree not to disclose confidential information about individuals or the organisation, gained in the course of my involvement, to any outside party.

### I give my permission for my photograph to be used for publicity purposes. I understand my name may be mentioned in staffing updates.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you over 18? Y/N If you are under 18 years old, please tell us your date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_**

*Logo, company name

Description generated with very high confidenceLogo, company name

Description generated with very high confidence**We recruit younger volunteers but we have a specific recruitment and induction programme for younger volunteers.*

**Patrons:**

**Angus Cambell**

Lord Lieutenant of Dorset

Rt Revd Karen Gorham

Bishop of Sherborne

**Head Office**

Moran House

1 Holes Bay Park

Sterte Avenue West

Poole

Dorset BH15 2AA

Tel: **01202 207300**

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