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Email: enquiries@carlisle-eden-carers.org.uk
www.carlisle-eden-carers.org.uk

Volunteer Application

Surname	Full Forename (s)
Home Address	Phone Numbers
	Home:
	Mob:
Postcode	Work:

Email address:

Date of application:

How did you hear about us?

Do you hold a current driving licence? YES / NO

What is your current availability for volunteering? (hours/days)

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HR522 (V7)
Registered Charity Number: 1101719 / Company Number: 4929903



What type of volunteering are you interested in?

(eg. Companionship Sitting, Carers' Hubs, Young Carers, Admin/IT support)

What skills, experience or qualifications do you bring to volunteering?

(eg. Tell us a little about who you are and what you've done)

Do you consider yourself to be disabled under the Disability Discrimination Act?

YES / NO



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REFERENCE INFORMATION

Name and address of a Referee, other than relatives, who could give reference to your character.

Name:
Occupation:
Address:
Postcode:
Telephone:
Email:

DECLARATION

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

Yes / No

If YES please give details

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 on the Disclosure and Barring Service website.

Yes / No

If YES please give details

(All information contained in this form will be treated as STRICTLY CONFIDENTIAL)

I declare the information I have given is, to the best of my knowledge and belief, true and complete.

I understand as the role involves contact with vulnerable and/or young people, the post is subject to a Disclosure and Barring Records check (Enhanced Disclosure) Should I be offered the role, I understand a DBS check will be made before I undertake volunteering.

I consider myself physically and mentally fit for voluntary work.

By submitting this application, **I agree** to Carer Support Carlisle & Eden processing my personal data & retaining this information for a period of 2 years after volunteering ceases.

Yes / No

Signed: _____

Name: _____

Date: _____



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