

Volunteer Application Form

Section 1 – About you

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):				
Name:					
Address:					
Postcode:					

Telephone Number:	
Mobile Number:	
Email Address:	

Would you be happy for DMiP to keep you up to date with news and announcements via email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a full, clean driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own your own vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you?
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student

When are you available to volunteer?							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time would you like to give?	
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<p>If you have carried out any voluntary work previously, please explain what you did (including details of the organisation and how long you were there):</p>	
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<p>What kinds of skills do you feel you could offer in a voluntary placement?</p>	
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<p>Do you have any particular interests you would like to pursue through volunteering?</p>	
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What type of voluntary work would you like to be involved in?		
<p>Help with our Dementia Meeting Centres based in Brecon, Llandrindod Wells, Ystradgynlais and Newtown <input type="checkbox"/></p>	<p>Support Fundraising and Community ‘Make Dementia Matter’ Events <input type="checkbox"/></p>	<p>Work with Communities and Businesses to help them to become more Dementia Friendly <input type="checkbox"/></p>
<p>Work with Schools to support the development of a dementia friendly generation <input type="checkbox"/></p>	<p>Help to ensure publicity and information materials are displayed in community locations <input type="checkbox"/></p>	<p>Support us with general awareness raising events like Dementia Awareness Week <input type="checkbox"/></p>
<p>Distribute, collect and return community fundraising collection funds <input type="checkbox"/></p>	<p>Become a Dementia Champion <input type="checkbox"/></p>	

<p>What are your hobbies and interests?</p>	
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<p>Do you have any health problems which we should be aware of?</p>	
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Section 2 – Equal opportunities and monitoring

How did you hear about Dementia Matters in Powys?

- | | | |
|------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Open day / event | <input type="checkbox"/> Leaflet / poster |
| <input type="checkbox"/> Friend / colleague | <input type="checkbox"/> Referred by other organisation | <input type="checkbox"/> Talk / presentation |
| <input type="checkbox"/> Email briefing | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Volunteering Wales Website |
| <input type="checkbox"/> Other: Please specify below | | |

DMiP is committed to the principles of equality and diversity. To help with equal opportunities monitoring and to ensure we are delivering a service to the whole community, we would be grateful if you would complete the following:

- | | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| Gender: | Age: | Employment status: | Ethnicity: |
| <input type="checkbox"/> Male | <input type="checkbox"/> 11 – 16 | <input type="checkbox"/> Employed | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Female | <input type="checkbox"/> 16 – 25 | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Black |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Over 25 | <input type="checkbox"/> Retired | <input type="checkbox"/> White |
| | <input type="checkbox"/> 25 - 55 | <input type="checkbox"/> Student | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Over 56 | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Prefer not to say |
| | <input type="checkbox"/> Prefer not to say | | |

Do you consider yourself to be disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you registered disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Welsh speaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please enter the name and contact details of 2 referees who have known you for at least 2 years. References cannot be accepted from family members.

Referee 1

Name:

Address:

Referee 2

Name:

Address:

Registered charity/Rhif elusen **1172335**

Unit 27, Cartrefi Cymru, Ddole Enterprise Park, Llandrindod Wells, Powys, LD3 6DF

www.dmip.org.uk

info@dmip.org.uk

01597 822477

Postcode:	Postcode:
Telephone Number:	Telephone Number:

Any other information:

Section 3 - Important information about benefits

- If you are receiving benefits, you must inform your benefits advisor about your voluntary work
- Job seekers allowance should not be affected as long as you continue to be actively seeking and available for work and are able to take up offers of paid employment within 48 hours. Please inform your advisor if this happens. You will be allowed to receive out of pocket expenses only.
- Disability living allowance should not be affected by voluntary work.
- Invalid care allowance will not be affected unless your voluntary work prevents you from caring for the disabled personal for at least 24 hours a week.
- Incapacity benefit should not be affected, but do consider that the type of voluntary work you undertake could be used by your benefit office to indicate your fitness for work, unless it is considered to be therapeutic.
- State retirement pension will not be affected by your voluntary work. However, large transport expenses may be taxable.
- Income support will not be affected.

Section 4 – DBS / Police checks

- If you will be working with children and vulnerable adults, you will need to complete a police check – DMiP will advise you about this.

Are you registered with the DBS update service Yes No

If Yes

I give permission for DMiP to conduct an online status check to make sure that the information on my current DBS certificate is up-to-date. Reference Number: _____

Section 5 – Confidentiality

- Volunteers are reminded that any sensitive information they may come across in the course of their work should be kept confidential at all times, however insignificant they may seem.

Section 6 - Declaration

- I confirm that I have read and understood the information and guidance within this document
- I do not give permission for my information to be passed on to other organisations
- I confirm that the information I have provided in this application form is true and accurate

Signature:

Date

:

****IF VOLUNTEER APPLICANT IS UNDER 16 YEARS OF AGE A PARENT/LEGAL GUARDIAN MUST GIVE THEIR CONSENT BY GIVING THEIR NAME AND SIGNATURE BELOW***

Parent/Guardian

Date

Name & Signature:

:

Please return completed form(s) to:

**Dementia Matters in Powys
Unit 27, Cartrefi Cymru
Ddole Road Enterprise Park
Llandrindod Wells
LD1 6DF**

Tel: 07947 647790

01597 822477

Email: info@dmip.org.uk

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