

## VOLUNTEER RECRUITMENT FORM

Referred by ..... Self Referral  Date .....

How did you hear about AGEnda? .....

Name (Mr/Mrs/Miss).....

Address.....

..... Post code.....

Tel. No:..... Mobile: .....

Email address .....

Age Group: Under 50  50/60  60/70  70/80  80+

Employed  Unemployed  Student  Retired  Other

**Please tick which area(s) you are interested in volunteering in:**

- AGEnda Board of Directors       AGEnda Committees

**AGEnda Services:**

- Support & Signposting (Administration)       Good Morning Call support  
 Good Morning Call (365 days a year)       Good Morning Call promotion

**AGEnda Activities e.g. Walking Group, Book Club, Scrabble**

- Team Leader

**AGEnda Support**

- Phone support       Making tea/coffee       Cleaning  
 Filing       Maintenance

**Please indicate when you are available to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday AM GMC Only	Sunday AM GMC Only
<b>Morning</b>							
<b>Afternoon</b>							

**Please list below any skills you have that would be helpful to AGEnda:  
Please use an extra sheet of paper if required**

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**Please give examples of how you have worked as part of a team, examples of experience relevant to the area of work you have an interest in. (Experience is not essential.)  
Please use an extra sheet of paper if required**

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**Have you previously been involved in voluntary work? Give details  
Please use an extra sheet of paper if required**

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**Any other relevant information: (Please use an extra sheet of paper if required)**

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Have you ever been convicted of a criminal offence? YES  NO   
 Do you have a clean Full Driving License? YES  NO   
 Do you have access to your own car/ would you be happy to travel throughout the  
 North Down and Ards area as part of your role? YES  NO   
 Would you be happy to undergo an Access NI check as part of your role? YES  NO

Can you provide names and addresses of two people whom we could contact for a character reference:  
 (They should not be family members and if possible should have known you for more than 2 years)

**Please ask the person before putting them down as a referee.**

Name ..... Name.....  
 Address..... Address.....  
 .....  
 .....  
 Tel. No. .... Tel. No. ....  
 Relationship to Applicant ..... Relationship to Applicant .....

**EMERGENCY CONTACT DETAILS**

NAME		
ADDRESS		
POSTCODE		
TELEPHONE	HOME/WORK	
	MOBILE	

**CONFIDENTIALITY**

**You should keep absolutely confidential and not make use of any information concerning AGE north down & ards, or any of its clients, received by you in the course of your Volunteering/employment or after your volunteering/employment.**

Signature ..... Date.....

Thank you for your interest and co-operation. Please return your completed form to the address below.

**24 Hamilton Road Bangor BT20 4LE T 028 9127 1968 F 028 9147 7979**  
**Web [www.agenorthdownards.co.uk](http://www.agenorthdownards.co.uk) E mail [agenda@agenorthdownards.co.uk](mailto:agenda@agenorthdownards.co.uk)**