



Saltstone Caring
Community Support Service

Saltstone Caring Volunteer Application Form

N.B. by applying to be a volunteer you are agreeing to undergo a Disclosure & Barring Service check (DBS) check. We will apply for one and there will be no expense to you.

Name:		Date of birth:	
Address:			
Postcode:			
Tel No: (day):		Tel No: (evening)	
Mobile:		Email:	
Present / previous occupation if applicable:		Previous volunteer experience if applicable:	
<p>Referees It is likely that in your voluntary work with Saltstone Caring, you will come into contact with vulnerable people. We would, therefore, like to take up references from two people who have known you for some time and are not relatives. If possible one should be from a place of work/organisation where you have previously volunteered.</p>			
Name		Name	
Address		Address	
Post code		Post code	
Tel no		Tel no	
email		email	
How long has this person known you and in what capacity?		How long has this person known you and in what capacity?	
<p>If you have any queries about completing this form, please contact the Co-ordinator on 01548 854588, email lisa@saltstonecaring.org.uk</p> <p>Please return your completed form to: Saltstone Caring, Quay House, Ilbert Road, Kingsbridge, TQ7 1DZ.</p>			

Do you have a vehicle available? Yes / No

Availability and time commitment

When are you available for volunteering (tick all that apply)?

- On a weekly basis On a fortnightly basis Ad hoc

Please circle: Daytime / Evenings / Weekends

Hospital discharge support service

Please tick if you would prefer to be part of a pool of volunteers who support people who have been discharged from hospital with companionship, shopping etc?

This type of support requires ad hoc visits. A general indication of your availability will be helpful:

* **Please circle:** Several times a week / weekly / fortnightly / other

*** NB The Co-ordinator will discuss with you in more detail what you would like to offer. This type of support is very flexible.**

For monitoring purposes, please also complete the Equal Opportunities section below.

Equal Opportunities in Recruitment and Selection

Our volunteer recruitment processes are carried out in a way that ensures individuals are selected purely on their suitability for the role. No volunteer will receive less favourable treatment on the grounds of sex, marital status, disability, race, ethnic origin, nationality, age, sexual orientation, religious belief or political opinion, or be disadvantaged by conditions or requirements that are not justified or relevant to the role. We are committed to ensuring that every applicant applying for a volunteer role within Saltstone Caring is treated fairly.

We will treat the information you give us as confidential and appreciate your co-operation. Your application will not be affected by the information provided.

Do you consider yourself to have a disability*? Yes/No

If yes, please give further details.

**The Disability Discrimination Act 1995 defines a disabled person as someone with a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.*

What is your ethnic group?

- White Mixed Asian or Asian British
 Black or Black British Chinese or other ethnic group (please specify)

I confirm the information I have supplied on this form is accurate and complete.

Signed Date