



Somerset 'You can Do' Volunteer Application

SYcD working in partnership with Somerset County Council

Please complete the following application after reading your information sheets.

Statement of commitment:

Once placed Volunteers are expected to commit themselves for a minimum of six months of volunteering but this need not be in the same placement. In addition, each volunteer is expected to be reliable and to keep all agreed appointments and treat all personal information about their volunteering as confidential.

Referral Source (how did you hear about us?)

Volunteer Centre Job Centre Plus careers advisor Website

Poster/leaflet Other (please state)

PLEASE USE CAPITALS

Part 1 - Contact Details:

Title: Mr Mrs Miss Ms

Forenames: Surname:

Date of Birth:

Your Address:

.....

.....

Post Code:

Telephone Number/s:

Home:

Work (if this is convenient for us to use):

Mobile:

Email:

How would you prefer us to contact you?

Telephone: Work Home Mobile Email

Part 2 - Volunteering

If you are responding to a particular opportunity you have seen advertised, please state which one:

.....

Please state:

When would you like to volunteer? Week days Evenings Weekends Other

Comments if any:

COMMUNITY SUPPORT VOLUNTEERING

If you are interested in Community Support Volunteering please indicate below which roles you would like to volunteer in. (You can be a volunteer in more than one)

- A** Volunteer group or friendship circle co-ordinator, facilitating and supporting and co-ordinating a new group/s in your local area
- B** Community Support Volunteer helping someone to access local services and to develop social net works
- C** Support Volunteer/mentor – helping someone to be a volunteer in their local community
- D** Telephone, e-mail volunteer- phone, text or email friend
- E** IT Support volunteer - helping to get people started on the internet, or online shopping, email and other computer things

SOMERSET COUNTY COUNCIL VOLUNTEERING

If you interested in volunteering within Somerset County Council Social Care Services please indicate below the service in which you would like to volunteer (you can be a volunteer in more than one).

- A Transporting Somerset**
Providing non-emergency transport using your own car
- B Children Services**
Providing support in a variety of settings for children, young people and their families
- C Adult Services**
Providing support for adults and older people in a variety of settings
- D Learning Disabilities**
Providing support for to people with Learning Disabilities in residential and day services
- E Somerset Partnership**
Providing support to people with a range of Mental Health issues on wards, in day services and in the community

Your personal statement

Please explain in a few words why you would like to volunteer:

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.....

and what interests, hobbies, skills or experience you think might be helpful in your volunteering work:

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References

Being a Somerset 'You can Do' Volunteer brings you into contact with vulnerable people and we have a responsibility to make sure of your suitability. Please provide the names of two people who are not related to you and who have agreed to support your application as a volunteer.

Referee 1

Name:

Address:

.....

Postcode: Tel: Email:

Referee 2

Name:

Address:

.....

Postcode: Tel: Email:

DBS (Disclosure & Barring Service) and Somerset Social Care Services checks

We will undertake the appropriate DBS checks for volunteering if relevant for your role.

please note: It is not automatic that a disclosure would prevent you from becoming a volunteer.

In strict confidence will you please give details of any unspent convictions cautions and warnings recorded against you:

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Image Release and Data Protection:

I understand that Somerset You can Do takes photos, recordings and video footage to help show off my volunteering and to help raise awareness for other volunteers. My image **may / may not** be used in promotions (please delete).

I agree to Somerset County Council and Somerset You can Do Services sharing any relevant information that may affect my volunteering.

Signed Date.....

Print Name:

Thank you for completing this form

please return your completed form to us at:

Somerset 'You can Do'
The Former Offices of Notaro Ltd
Huntworth
Bridgwater
Somerset
TA7 0AJ

Please call us on 01278 664180 if you would like more information or help with completeing this form.

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