



**Third Age Project  
&  
West Euston Time Bank**



**VOLUNTEER APPLICATION FORM**

**Surname** ..... **First name** .....

Date Of Birth ..... Email .....

Tel No. (home) ..... Tel No. (mobile) .....

Address .....

.....

..... Postal code .....

Emergency Contact – Name..... Tel no. ....

Doctor Name/Tel No .....(optional)

**COMMENTS** Please inform us of any mobility, physical or mental health issues you have. Please note that all information is strictly confidential.

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**Previous experience- paid and voluntary**

Organisation	Responsibilities	Commenced (date)	Ended (date)



**Please tell us what interests you about volunteering**

.....  
.....  
.....

**What skills do you have that you could volunteer? (please tick)**

- |  |   |
|--|---|
| <input type="checkbox"/> Child Care                    | <input type="checkbox"/> Pet Care                           |
| <input type="checkbox"/> Exercise                      | <input type="checkbox"/> Sewing                             |
| <input type="checkbox"/> Helping youth                 | <input type="checkbox"/> Language skills/ translating       |
| <input type="checkbox"/> Helping the elderly           | <input type="checkbox"/> Mentoring                          |
| <input type="checkbox"/> Light Housework               | <input type="checkbox"/> Letter writing/ form filling       |
| <input type="checkbox"/> Gardening                     | <input type="checkbox"/> Assisting people with disabilities |
| <input type="checkbox"/> Befriending/ Home visits      | <input type="checkbox"/> Transport                          |
| <input type="checkbox"/> DIY skills                    | <input type="checkbox"/> Creative skills                    |
| <input type="checkbox"/> Computer/ IT skills           | <input type="checkbox"/> Other (please specify).....        |
| <input type="checkbox"/> Photography                   | <input type="checkbox"/> Other (please specify).....        |
| <input type="checkbox"/> Digital cameras/mobile phones | <input type="checkbox"/> Other (please specify).....        |

**If there were opportunities for obtaining some new skills for yourself via training, would you be interested? (please tick)**

- |   |   |
|---|---|
| <input type="checkbox"/> Child Care               | <input type="checkbox"/> Pet Care                           |
| <input type="checkbox"/> Exercise                 | <input type="checkbox"/> Sewing                             |
| <input type="checkbox"/> Helping youth            | <input type="checkbox"/> Language skills/ translating       |
| <input type="checkbox"/> Helping the elderly      | <input type="checkbox"/> Mentoring                          |
| <input type="checkbox"/> Light Housework          | <input type="checkbox"/> Letter writing/ form filling       |
| <input type="checkbox"/> Gardening                | <input type="checkbox"/> Assisting people with disabilities |
| <input type="checkbox"/> Befriending/ Home visits | <input type="checkbox"/> Transport                          |
| <input type="checkbox"/> DIY skills               | <input type="checkbox"/> Creative skills                    |
| <input type="checkbox"/> Computer/ IT skills      | <input type="checkbox"/> Other (please specify).....        |



**AVAILABILITY**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Flexible							

**Where did you find out about the Third Age Project/ West Euston Time Bank?**

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**If you are interested in volunteering as a befriender visiting an older person in their own homes or with children and young people you will be required to be police checked.**

**Criminal Record Bureau**

Because volunteering with the Third Age Project and/or Time Bank involves contact with vulnerable adults and/or children, you are required by the Rehabilitation of Offenders Act 1974 (exemption 1975) to declare all convictions including spent convictions.

*Having a conviction will not necessarily prevent you from becoming a volunteer.*

Are you Police Checked? Y/N

Willing to be police checked? Y/N

**References**

Because of the responsible nature of the work you may do, we need two written references from people who know you well. We prefer someone who knows you in some formal way (eg. a paid teacher, paid work or volunteer work supervisor, religious leader, doctor etc), rather than a friend or relative.



**1<sup>st</sup> Referee**

**2<sup>nd</sup> Referee**

Name.....

Name.....

Address.....

Address.....

.....

.....

.....

.....

Tel No.....

Tel No.....

Relationship to you .....

Relationship to you.....

Has known you from.....to.....

Has known you from.....to.....

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**

**TO BE COMPLETED (See Attachments)**

- Confidentiality explained (ie. privacy)
- Volunteering Policy explained and signed
- Record of volunteering
- Job description discussed/created (add in JD at top of Volunteering record)
- References sent out
- References received
- CRB arranged (if required)
- Volunteering at Crypt .....pass to Tony/Urmi
- Volunteering at H Pod .....pass to Shahanara/Josie  
-Time Exchanges form signed (see attachments)
- Volunteering without joining TB
- Attended Final Induction/Evaluation (after 8 weeks)
- Accepted as an accredited volunteer



# VOLUNTEER AGREEMENT

The Third Age Project (TAP) and West Euston Time Bank (WETB) are firmly committed to diversity in all areas of its work. We are committed to developing and maintaining organizations in which differing ideas, abilities, backgrounds and needs are fostered and valued and those where diverse backgrounds and experiences are able to participate and contribute. We regularly monitor our progress towards diversity.

## THIRD AGE PROJECT/WEST EUSTON TIME BANK CODE OF CONDUCT

Equality is a core value of volunteering and works by bringing people together.

And that is what is so special about TAP/WETB - they are places in the community where trust and respect can grow, in turn helping people feel more confident about themselves and where they live.

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I,..... as a volunteer for TAP or WETB must:

- Be responsible for conducting myself with courtesy and appropriate behaviour.
- Follow through and complete accepted tasks.
- Conduct myself in a respectful manner, exhibit good sporting conduct, and be a positive role model.
- If legally required for my chosen volunteer role, seek training by participating in meetings, self-study, or other training opportunities to help me work more effectively with appropriate audiences.
- Display respect and courtesy for TAP and WETB employees, other volunteers, program participants, visitors, and property.
- Provide a safe environment by not harming youth or adults in any way, whether through discrimination, sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful actions.



Respect the privacy of persons served by the organization and hold in confidence sensitive, private and personal information.

- Keep staff informed of progress, concerns and problems within the activity(s) in which I participate.
- Work cooperatively as a team member with TAP and WETB employees and other volunteers.
- Keep personal opinions and actions separate from those made as a representative of this organisation.

TAP/WETB will maintain a photographic record of the activities undertaken by participants. These May be used in our newsletter and for general publicity. I give my permission for photos to be used for publicity purposes.

YES

NO

**And, as a Volunteer, I will not:**

- Use vulgar or inappropriate language.
- Solicit gratuities, gifts or bequests for personal or professional benefit.
- Use or be under the influence of illegal drugs.
- Consume or be under the influence of alcohol or consume tobacco at youth events.
- Discriminate on the basis of race, colour, religion, sex, age, national origin, marital status or disability.
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**I AGREE TO ABIDE TO THE ABOVE TAP/WETB CODE OF CONDUCT**

**Signed** .....

**Full Name (IN BLOCK CAPITALS)** .....

**PLEASE RETURN THE COMPLETED FORM TO THE FOLLOWING ADDRESS**

**Third Age Project  
 Crypt Centre  
 Munster Square  
 London NW1 3PL  
 Phone: 020 7383 4922**



## Confidential

**Requested for purposes of ensuring that we are able to monitor our equal opportunities policies and procedures so that volunteers of all ethnic origin have access to volunteering opportunities**

### Ethnic Origin (please tick)

#### Asian or Asian British

- Bangladeshi       Indian  
 Pakistani       Other Asian (please specify) \_\_\_\_\_

#### Black or Black British

- African       Caribbean  
 Other Black (please specify) \_\_\_\_\_

#### Chinese or Other Ethnic Group

- Chinese       Other group (please specify) \_\_\_\_\_

#### Mixed

- White & Black African       White & Black Caribbean  
 White & Asian  
 Other mixed (please specify) \_\_\_\_\_

#### White

- British       Irish  
 Other White (please specify) \_\_\_\_\_