



Volunteer Application Form

Any information given on this form is treated confidentially and is protected under GDPR 2018.

Harrogate Neighbours (HN) manages personal data in line with the current GDPR legislation, effective since May 2018. For more information on how we manage your data, please refer to our Privacy Notice available at the bottom of our website home page at www.hnha.co.uk. If you cannot access this electronically, please request a copy.

SECTION 1: ABOUT YOU

Preferred Title:	Mr/Mrs/Miss/Ms/ Other (Please state)			
Full Name:		NI Number:		
Contact details:	Home Tel:			
	Mobile Tel:			
	Email Address:			
	Home Address:			
Where did you hear about Volunteering for HN?				
Why would you like to be a Volunteer for HN?				
Interested in Meals on Wheels Delivery	Yes		No	
Do you have a full driving licence: <i>*We require a full UK licence and your own car to support this service, your mileage is reimbursed.</i>	Yes		No	
Do you have your own transport	Yes		No	
Other Volunteering Interests at HN – please list				
Are you available as a temporary or regular volunteer?	Temporary		Regular	
Are you willing to visit people in their own homes?	Yes		No	

So that we can best use your skills and abilities, please complete the form below:

Experience as a Volunteer:	
Relevant Work Experience:	
Hobbies and Interests:	
Courses or Training: (if relevant)	

Please tick when you are available to support Harrogate Neighbours:

	Monday	Tuesday	Wednesday	Thursday	Friday
Lunchtime					
Alternative times					
If in the future, we decided to expand our delivery service would you be prepared to volunteer?			Saturday	Sunday	Bank Holiday



SECTION 2: REFERENCE

Please can you provide just 1 referee who would be willing to supply a character reference (these must not be family members). We need their full name and contact details; it is helpful to provide if they have an email address so we can contact Referees quickly on your behalf:

Name	
Address	
Telephone Number:	
Email:	

I hereby give Harrogate Neighbours my written and verbal consent to contact my referee for recruitment purposes.

Print Name:		Signature:		Date:	
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SECTION 3: DBS (DISCLOSURE AND BARRING SERVICE)

To ensure the safety of our service users a DBS check must be completed for all positions. Details of the information we require you to provide can be found below. A criminal record will not necessarily be a barrier to obtaining a position at HN. If a check is returned and reveals any information, this will be discussed with the applicant. The Chief Executive will decide as to whether the offer of volunteering should be withdrawn.

There is no charge for a DBS check when applying for a volunteering position, however if you volunteer with us for less than 6-months we would expect you to re-imburse the cost for the DBS.

If you could please sign to agree to this:

Print Name:		Signature:		Date:	
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SECTION 4: PERSONAL DETAILS

Full Name:			NI Number:	
Contact details:	Home Tel:			
	Mobile Tel:			
	Email Address:			
	Home Address:			
GP Details	GP Surgery:			
	Address			
	Phone number			
	Allergies			
Next of Kin details	Name			
	Address			
	Contact no			
	Relationship			

Please return the completed form to:

**Catherine Smith, Meals on Wheels Coordinator,
The Cuttings, 164 Station View, Harrogate, HG2 7DZ**

Alternatively, please send by email to:

foodangels@hnha.co.uk

If you have any questions about anything in this form please contact **01423 888083**



Thank you for your interest in becoming a Volunteer for Harrogate Neighbours

PLEASE BRING THE FOLOWING DOCUMENTATION WITH YOU WHEN YOU COMPLETE YOU DBS CHECK WITH US:

1. Passport
2. National Insurance Number
3. Driving Licence
4. Up to date Insurance Policy for the car
5. At least one document must show your current address
6. At least one document must show your date of birth
7. All documents must be in your current name
8. All documents must be original and valid, statements and letters can be in joint names.

****PLEASE BE PREPARED TO PROVIDE YOUR PREVIOUS 5 YEARS ADDRESS DETAILS INCLUDING POSTCODES PRIOR TO THIS DBS APPLICATION****

We also request that you add **BUSINESS INSURANCE**, to your insurance policy.
Please note that your Insurance Company should do this at NO additional cost