**Age Action Volunteer Registration Form**

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| As an organisation working with and for older people, Age Action is mindful that they are more vulnerable to the effects of the virus and therefore want to ensure that we support them during this time. We are heartened to see the growing number of people who want to volunteer their time with Age Action to support older people. As a customer service assistant, you can help to ensure our customers receive the best possible service and enjoy our shop and what it has to offer. |

**About You:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Mobile:** |  | **Email:** |  |
| **Address:** |  |
| **Eircode:** |  |

**Your Availability: Minimum hours 4 per week, please indicate number of hours.**

|  |
| --- |
|  |

**Your Availability:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Morning**  |  |  |  |  |  |  |  |
| **Afternoon**  |  |  |  |  |  |  |  |

**Please indicate the days / times you are available. Please select a minimum of one day.**

**If you have any comment, please add below:**

|  |
| --- |
|  |

**Please indicate retail shop preference location.**

|  |
| --- |
|  |

**Have you any experience of volunteering?**

**If yes, please give details**

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| --- |
|  |

**Medical Condition:**

**Do you have a medical condition that we need to know about?**

|  |  |  |
| --- | --- | --- |
| e.g.. epilepsy, heart condition, allergies etc. | **Yes** | **No** |

**If yes, please specify:**

|  |
| --- |
|  |

**In the case of an Emergency, whom should we contact?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact Name:** |  | **Mobile:** |  |
| **Relationship to You:** |  |

**Your Referees**

Please provide us with details of two referees who are happy to give you a character reference, e.g. Employer or volunteer organisations etc., who are not family members and you have known for over 2 years. Please note: We will contact your referees before you start as a volunteer with us.

|  |  |  |
| --- | --- | --- |
|  | **Reference 1** | **Reference 2** |
| **Name:** |  |  |
| **Organisation:** |  |  |
| **Address:** |  |  |
| **Telephone No.:**  |  |  |
| **Email address:** |  |  |
| **In what capacity do you know them:**  |  |  |

**Data Protection:**

Under the new GDPR regulations (2018), we require your permission to record your details. We will not share personal information outside of Age Action without your permission and we will delete personal information after two years from the last time YOU contact us. Please tick the following as appropriate so we can process your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I consent to my details being recorded:** | **Yes:** |  | **No:** |  |

**I am happy to be contacted about**

|  |  |  |
| --- | --- | --- |
| My Service Request | AAI Info Opt in  | Fundraising Campaigns |

**Please contact me by:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **By phone:** |  | **By Email:** |  | **Either:** |  |

**Volunteer Declaration:**

By signing below, I consent to Age Action recording my information as indicated above. I solemnly and sincerely declare that to the best of my knowledge there is nothing in relation to my conduct or personal background that would adversely affect the position of trust in which I would be placed by virtue of my acceptance as a volunteer. I declare that all the information I have given is truthful and correct.

This agreement is binding in honour only and is not intended to be a legally binding document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**If you are under 18 then a parent/guardian must sign this form on your behalf.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |