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| **Check-in-and-Chat** **Volunteer Registration Form** |

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| **How did you hear about this volunteer opportunity?** |  |
| **Title:** |  |
| **Name:** |   |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone No:** |  |
| **Email:** |  |
| **Date of Birth:** |  |

We would like to keep in touch to let you know about the vital work we do for older people, our products, and services and how you can support us. If you would like us to contact you please tick your preferred option below;

 Marketing by Post  Email marketing  Telemarketing  SMS

Please tick the following box if you wish to be kept informed of new and ad-hoc volunteer opportunities 

1. **Experience**

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| **Please detail any experience, personal or professional, that you think may be relevant to this volunteer opportunity:**  |

1. **Skills**

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| **Please detail any specific skills that you may be able to bring to this volunteer opportunity:**  |

1. **Would you be interested in volunteering in a face to face role within Age NI once normal service resumes?**

Yes  No 

1. **Have you had a Basic or Enhanced Access NI check within the last 6-12? months?**

Yes  No 

**Would you be willing to share your certificate with us?**

Yes  No 

**If yes – please attach a copy when returning your application form. Records will be deleted once reviewed.**

**If you would like to be considered for a face-to-face role once normal service resumes and have not supplied details of a previous Access NI check, we will require you to complete an Enhanced Check. If you wish to be considered for telephone support only, you will be required to complete a Basic Check. Details of this will be sent after we receive your registration form.**

1. **Motivation**

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| **Please explain why you would like to volunteer for Age NI:**  |

1. **General information**

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| **Please detail any medical conditions that we may need to be aware of and / or any specific requirements that you will need, in order to volunteer:**  |

1. **Person to contact in case of emergency**

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| --- | --- |
| **Title and Name** |  |
| **Relationship to you** |  |
| **Address & Postcode** |  |
| **Contact number/s** |  |

**8. References** Please provide one **professional** referee. This should be someone who has known you in a professional/educational capacity for a minimum of **2 years. This cannot be a relative, friend or neighbour**

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| **Referee 1** |
| **Name** |  |
| **Relationship to you?** |  |
| **How long has this person known you?** |  |
| **Address** |  |
| **Postcode** |  |
| **Contact number/s** |  |
| **Email address** |  |

**Applicant Declaration: I declare that all information supplied is correct.**

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Volunteer Registration Process**

1. Complete the Volunteer Registration Form, e-mail or post to

Val Gamble, Age NI, 3 Lower Crescent, Belfast, BT7 1NR

Email: ***val.gamble@ageni.org*** Tel: 02890 892604

1. Once the form has been received Age NI will contact your referee.
2. The CHIC Co-Ordinator will be in contact with you within 3 working days to arrange an informal telephone/video call interview