

## Volunteer Membership Application Form

Please complete this form and email it to [office@rsvp-west.org.uk](mailto:office@rsvp-west.org.uk) or print it and post to the Office Co-ordinator, RSVP, The CREATE Centre, Smeaton Road, Bristol, BS1 6XN. Tel: 0117 922 4392

Forenames : ..... Surname : .....

Address : .....

.....

..... Postcode : .....

Date of birth (dd/mm/yyyy) : .....

Telephone No : ..... Mobile No : .....

Email address : .....

Local Authority Area: Bristol  BANES  South Glos.  North Somerset

Would you like to receive the RSVP e-Newsletter? Yes  No

Please give details of two referees who can vouch for your suitability and trustworthiness:

*Referee 1*

*Referee 2*

Name : ..... Name : .....

Address : ..... Address : .....

.....

Telephone : ..... Telephone : .....

E-mail : ..... E-mail : .....

What is each referee's link to you?

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**I understand that should I wish to help children, young persons or vulnerable people it will be necessary to undergo a DBS check for disclosure of any information held.**

**I agree that RSVP West may use the data I supply here in accordance with GDPR regulations.**

Signed..... Date.....



# The Retired & Senior Volunteer Programme

Please tell us which kind of voluntary activity you are interested in (tick all those that apply):

- Befriending the elderly or housebound
- Driving (own car) see \* below
- Helping in schools (primary/secondary)
- Lay Assessor
- Musical activity sessions
- The Matthew, Bristol Harbourside
- Office/IT
- Organising a team of volunteers

Any other activity?

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\* If you would like to be a driver please confirm that your car is in good condition, has comprehensive insurance and a current MOT (if applicable).

Yes  No

Do you have any relevant hobbies, interests or skills?

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How did you hear about RSVP?

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We would be grateful if you would answer the following questions to help us monitor diversity within RSVP and to enable us to provide appropriate support if necessary. This information may also be used anonymously in equality and diversity reporting to our parent and partner organisations.

What is your gender?

Male  Female  Other  I'd rather not say

What is your ethnic origin?

White  Mixed  Asian / Asian British  I'd rather not say   
Black / African / Black British / Caribbean  Other

Do you have a health condition or disability that may require us to consider if a reasonable adjustment or additional support is required to carry out the voluntary role for which you are applying.

Yes  No  I'd rather not say

If yes, please provide details.

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For organiser and office use:

Ref 1		Organiser	
Ref 2		Projects	
ID Card			