# Volunteer Membership Application Form

**Please complete this form and email it to 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 : ....................................................

Preferred name : ……………………………………………………………………………………

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

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

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

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

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

Email address : ...................................................................................................................

Local Authority Area:    Bristol  ☐    BANES  ☐    South Glos. ☐  North Somerset ☐

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

|  | *Referee 1* | *Referee 2* |
|---|---|---|
| Name : | ................................................ | ................................................................ |
| Address : | ................................................ | ................................................................ |
|  | ................................................ | ................................................................ |
| Telephone : | ................................................ | ................................................................ |
| E-mail : | ................................................ | ................................................................ |

What is each referee's link to you?

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

**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.......................

*RSVP is part of Volunteering Matters, which creates opportunities*
*for people to play an active part in the life of their communities.*

VOLUNTEERING MATTERS

# 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 ☐        The Matthew, Bristol Harbourside ☐

Driving (own car) *see * below* ☐        Office/IT ☐

Helping in schools (primary/secondary) ☐        Organising a team of volunteers ☐

Lay Assessor ☐

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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