OPAL Volunteer Application Form

OPAL
OLDER PEOPLE'S ACTION IN THE LOCALITY

The Queen's Award for Voluntary Service
The MBE for volunteer groups

Preferred First Name (if different):		**Address:**	
Legal First and Surname:		**Postcode:**	
Date of Birth:	/ /	**Phone Number:**	
Email Address:		**Occupation:**	

What experience, if any, do you have of working with older people?
It would be helpful if you could provide information about your skills, interests and previous experience (please be specific about particular skills you would like to bring to OPAL e.g. driving, computer skills, handyman skills etc)

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Are there any specific days or times you can volunteer?

What aspects of OPAL's work are you interested in? Please tick			
Phone Buddy/Welfare Calls	☐	Fundraising	☐
Befriending	☐	Activity/Trip Help	☐
Handyman Work	☐	Administrative/Office Work	☐
Driving (own car/wheelchair accessible car/minibus)	☐	Gardening	☐ ☐
Litter Picking	☐	4 x 4 Emergency Driver	
Café Volunteer	☐	Other:	

Are you able to work independently and unsupervised in the homes of our members? OPAL will give support, sometimes in their own homes to vulnerable people who are elderly. You will therefore appreciate that OPAL has a duty to seek information concerning your background and obtain clearance from the criminal records bureau.	Yes ☐ No ☐
Have you ever been convicted of any offence?	Yes ☐ No ☐
If so, what were the circumstances? (Your answer is entirely confidential and is asked in accordance with Social Services guidelines)	

Have you had a driving license for more than 2 years?	Yes ☐ No ☐	**Does your driving license include category D1?** (This is shown on the reverse of your driving license)	Yes ☐ No ☐

Where did you hear about OPAL? Please tick		
Word of mouth ☐	I saw the OPAL minibus or car driving around ☐	I live locally ☐
Social media ☐	Through searching on the internet ☐	Other:

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Please give the name and address of two referees (excluding family members) who have known you for 2 years or longer. Please state the capacity in which you are known to them and for how long you have known them. Please include their email addresses.	
Referee 1:	
Full Name:	
Address and Postcode:	
Telephone Number:	
Email:	
Referee 2:	
Full Name:	
Address and Postcode:	
Telephone Number:	
Email:	
OPAL will need to be satisfied in regard to 1. and 2. before a volunteer is registered and allowed to start work.	

If you are happy to do so, please provide an emergency contact:	

Signed ……. **Date ……..**

When you have completed the application form, please return it to:

Sally-Anne Notley
Volunteer Coordinator
OPAL, Welcome In Community Centre, 55 Bedford Drive, LS16 6DJ
Tel. 0113 261 9103
Sally-Anne@opal-project.org.uk

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OPAL receives some funding (25% approx.) from the council and makes several grant applications every year. With these there is a requirement to send as much anonymised demographic data as possible. It is a help if you are happy to complete these.

What is your gender?	Male ☐	Female ☐	Prefer not to say ☐
Is your gender identity the same as the gender you were originally assigned at birth?	Yes ☐	No ☐	Prefer not to say ☐

Which of the following best describes your sexual orientation? Please tick					
Prefer not to say	☐	Gay man	☐	Bisexual	☐
Heterosexual/straight	☐	Lesbian/gay woman	☐	Other:	☐

What is your ethnic origin? Please tick					
Prefer not to say	☐	Asian Indian	☐	Black African	☐
White British	☐	Asian Pakistani	☐	Chinese	☐
White Irish	☐	Asian Bangladeshi	☐	Mixed Race	☐
White Other	☐	Black Caribbean	☐	Other:	

What is your religion? Please tick					
Prefer not to say	☐	No Religion	☐	Buddhist	☐
Jewish	☐	Christian	☐	Hindu	☐
Muslim	☐	Sikh	☐		
Jain	☐	Baha'i	☐	Other:	☐