



## VOLUNTEER APPLICATION FORM

### 1. PERSONAL DETAILS

Name		
Surname		
Title		
Date of birth		
Address, including post code		
Phone number		
Email		
What is the best way to contact you?		
<b>EMERGENCY CONTACT</b> Please give the contact details of the person who you would wish to be called in the event of an emergency?		
Name		Relationship to you:
Day time telephone number		
<b>MEDICAL HISTORY</b> <b>Have you experienced a brain injury yourself?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when and how it has affected you.		
<b>Do you suffer from any other chronic medical conditions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give brief description		

## 2. AVAILABILITY

Do you have any existing work/voluntary commitments?

Yes

No

If yes, please give brief details

Please indicate when you are most likely to be available to volunteer by putting a tick in the appropriate boxes below. Please give as many alternatives as possible.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>AM</b> 10 - 12.30							
<b>PM</b> 01-3..00							

How long are you likely to be available to volunteer? (1 month, 2 months, etc., indefinitely)

## 3. EXPERIENCE

What skills and experience can you bring to Headway?

(Please include brief details of previous employment, voluntary work, training, relevant personal experience, interests)

## 4. VOLUNTEERING

Why do you want to be a volunteer with Headway Darlington and District? (Brief details)

Headway Darlington & District is a registered branch of Headway - the brain injury association. Headway is registered with the Charity Commission for England and Wales (Charity No.1025852) and the Office of the Scottish Charity Regulator (Charity No SC 039992).



What do you think Headway can offer you? (Brief details)

Is there anything you are unable to do or would not be willing to do?

**5. TRANSPORT**

Do you own a car?                       Yes                       No

How far would you be prepared to travel? .....

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**6. HOW DID YOU HEAR ABOUT HEADWAY?**

<input type="checkbox"/> Google or other search engine	<input type="checkbox"/> Twitter/Facebook	<input type="checkbox"/> Other Means (please give details)

**7. WHAT DO YOU KNOW ABOUT HEADWAY AND BRAIN INJURY IN GENERAL?**

(Don't worry if you have little knowledge as training will be provided)

**8. PLEASE ADD ANY OTHER RELEVANT INFORMATION THAT YOU FEEL HASN'T BEEN COVERED?**



## 9. REFEREES

Please give contact details of TWO people who can be asked to provide references.  
At least one should be someone who knows you in a work or study capacity.  
The other can be someone who has known you well for at least three years (not a relative)

Name	(1)	(2)
How do you know them?		
How long have you known them?		
Address, including post code		
Tel. number		
Email		

## 10. REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS) ORDER 1975

Because of the nature of the voluntary work for which you are applying, you are required to disclose any criminal convictions which you have had. You are therefore not entitled to withhold information about convictions which, for other purposes, are 'spent' under the provision of the Act. Failure to provide this information could result in your dismissal. Headway will require a CRB check to be carried out if your placement is within certain vulnerable categories. This information will be treated in the strictest confidence and will only be taken into account if it is relevant to your placement.

<b>Do you have any previous convictions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' please give details.			
<b>Signed</b>		<b>Date</b>	

## 11. IMAGE PERMISSION

There will be occasions during Headway meetings or during outings organised by Headway when photographs or video footage will be taken of members and volunteers for publicity purposes. These images may appear in our printed publications, publicity materials and/or on

our website. We may also send the images to the news media, which may use them in printed publications and on their website and store them in their archive. If you have any reservations you can refuse to give your consent. Please indicate your preference below.

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- |                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I consent for any images taken of me by Headway at meetings or events to be used for publicity / information purposes for the benefit of Headway and its service |
| <input type="checkbox"/> I do not consent for images taken of me by Headway at meetings or events to be used for publicity / information purposes                                         |

## 12. CONFIDENTIALITY

I understand that any matters of a confidential nature, concerning care of members and member records, must under no circumstances be divulged or passed on to an unauthorised person or persons. (A breach of confidentiality will result in termination of your placement)

Signed .....

Date .....

**Thank you for completing this form.**

**Please email:** [jean@martinsavage.plus.com](mailto:jean@martinsavage.plus.com)

**or post to:** Deputy Chairman  
Headway Darlington & District,  
c/o Westgate House  
Faverdale  
Darlington  
Co Durham  
DL3 0PZ