

# APPLICATION FORM

Return to: Herts Vision Loss, The Woodside Centre, The Commons, WGC, AL7 4SE  
or volunteering@hertsvisionloss.org.uk

Please circle the correct title: Mr / Mrs / Miss / Other

Full Name: \_\_\_\_\_

DOB (for DBS purposes) \_\_\_\_\_

Full Address (including postcode):  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_



Have you done any voluntary work before? Yes / No

If yes, please tell us what you have done:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you any experience of people with a visual impairment? Yes / No

If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own a car/have use of a car which you would be prepared to use whilst volunteering Yes/No  
Mileage expenses will be paid

Please give details of any medical condition or disability which may affect your volunteering and any support you may require as a result of this:  
\_\_\_\_\_  
\_\_\_\_\_

Please outline any special skills/experience or training which you have to offer:

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When are you available for volunteering? (e.g. – weekdays/weekends etc.)

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**Disclosure and Barring Service (DBS) checking**

Have you had a Disclosure and Barring Service (DBS) check carried out in the last 3 years. **YES/NO**

If so, did you register for the Update Service **YES/NO**

If so, please give us the Update Code if you know it .....

If you do not have a current DBS and are offered a role as a volunteer, a Disclosure and Barring Service check will be carried out.

Can you confirm that you will be able to produce the designated identity documents as outlined in the DBS documentation form included with this pack. **YES/NO**

Would you be prepared to make a contribution towards the cost of your DBS? **YES/NO**  
(This will not affect your application in any way)

**Referees**

Please give details of two people (not relations) who can provide a character reference for you. Herts Vision Loss will write in confidence to your referees and may follow up with a phone call. An email address would be preferable if possible.

Name: _____ Address: _____ _____ Home Tel. No.: _____ Mobile Tel. No.: _____ E-mail address: _____	Name: _____ Address: _____ _____ Home Tel. No.: _____ Mobile Tel. No. _____ E-mail address: _____
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## Confidential

Herts Vision Loss is committed to best practice in volunteer recruitment and will ensure that those working directly with people, as a volunteer, are appropriately screened.

Have you ever been convicted of any criminal offence by a Court of Law? **YES / NO**

If the answer to the above is yes, please complete the following:

Date	Place	Offence	Sentence

I agree to these details being given to the police to check for any records of convictions, cautions or bindovers in respect of myself **YES / NO**

Please note that a criminal record will not necessarily prevent you from working as a volunteer with Herts Vision Loss. However, because of the vulnerability of some of the people with whom we work, we reserve the right to conduct checks as deemed necessary

The information provided on this application form will remain confidential and will be used for the purpose of selection. If your application is successful, the Charity may, from time to time, wish to process this information for personnel administration and business management purposes. Where this is the case, processing, whether by means of a computer or otherwise, will take place in accordance with the provision of the Data Protection Acts 1984 and 1998. By signing this form you will be providing Herts Vision Loss with your consent to these uses.

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### DECLARATION

I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from volunteering and render me liable to dismissal. I understand that any offer is subject to satisfactory references and a probationary period and (if Herts Vision Loss believes it appropriate) a satisfactory medical report. I understand this role will be subject to a Disclosure and Barring Service check.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing this form. Please return it, with the Equal Opportunities Monitoring and Volunteer Options and Choices Forms, to Herts Vision Loss, The Woodside Centre, The Commons, Welwyn Garden City, AL7 4SE or [volunteering@hertsvisionloss.org.uk](mailto:volunteering@hertsvisionloss.org.uk).

Data Protection: All information of a personal nature provided will be kept confidentially and will only be used for the purposes for which it is given to us

## Equal Opportunities Monitoring Form

Herts Vision Loss is committed to providing equality of opportunity in volunteering. In order to help us ensure our policy is being carried out, it would help if you could complete this form. Any information you provide will only be used for monitoring purposes. This form will be separated from your application form on receipt and it will play no part in our decision on who we select for volunteering.

Role applied for: \_\_\_\_\_

Location: \_\_\_\_\_

Your full name: \_\_\_\_\_

How would you describe your ethnic origin? Please tick as appropriate

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> White           | <input type="checkbox"/> Pakistani   |
| <input type="checkbox"/> Irish           | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black-Caribbean | <input type="checkbox"/> Indian      |
| <input type="checkbox"/> Black-African   | <input type="checkbox"/> Chinese     |
| <input type="checkbox"/> Black-Other     | <input type="checkbox"/> Asian-Other |
| <input type="checkbox"/> Mixed           | <input type="checkbox"/> Other       |

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Are you ...  Male  Female

Do you consider yourself to be disabled?  Yes  No

If yes, please give brief details of your disability and any special access/mobility needs

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Do you consider yourself to have a learning difficulty?  Yes  No

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Are you...  Employed full time  Employed part time?  
 Retired  Unemployed  
 Student  Carer  
 Other \_\_\_\_\_

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## Volunteer Options and Choices

Name .....

Please indicate by circling **YES** if you are interested in the following:-

**Home Visiting/Befriending** **YES**

Visiting visually impaired people, generally living alone, doing things like reading mail, filling forms, talking, listening, providing companionship or possibly going on trips out/shopping.

**Hospital Information Service** **YES**

Offering advice and information to visually impaired people who visit the eye clinics in the participating hospitals in your local area.

**Sight Information Points/Equipment Exhibitions** **YES**

Manning an information point once a month at a local Sight Information Point to help demonstrate low vision equipment and give out information. Similarly at occasional Equipment Exhibitions.

**Sightlife** **YES**

Help with our informal working-age group which meets weekly to chat, have fun and do things which aren't normally associated with visually impaired people.

**Schools** **YES**

Going into schools to educate children about living with a visual impairment. This is done in a relaxed fun way to engage with the pupils and helps raise awareness of not just sight loss but other disabilities.

**General Office Work at the Welwyn Garden City Office** **YES**

General office work, on a regular or occasional basis, to assist with peak loads such as newsletter distribution time.

**Help with Raising the Profile of the Charity** **YES**

Occasional help with fund raising activities, distribution of leaflets etc.

**Transportation** **YES**

Regular or occasional drivers for transportation of visually impaired people at the request of the Charity. (Mileage allowance will be paid by the Charity where appropriate).

How did you find out about volunteering for Herts Vision Loss?

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