Kingston Association for the Blind KAB

Promoting the interests of people with sight loss in Kingston upon Thames

Volunteer Application Form

Section 1: Please complete in BLOCK CAPITALS

Name	
Address	
Postcode	
Date of Birth	
Home Phone Number	
Mobile Phone Number	
Email	
Nationality	

Section 2: Special Requirements

Our equal opportunities policy includes our commitment to making reasonable adjustments to meet the needs of applicants and volunteers with disabilities. Please help us to do this by telling us about any special requirements or needs you may have.

Do you have a visual impairment or disability (yes or no):

If yes, please tell us about any special requirements or needs. If you need us to keep in touch in a special format (e.g. if you are blind or partially sighted) and need Braille, large print or another format then please include that here:

Section 3: Disclosure and Barring Service (DBS)
Blind and visually impaired people can be especially vulnerable. Therefore, it is our policy to obtain an enhanced DBS for all our volunteering roles. This process is initiated only once a potential volunteer has been given a provisional offer. The relevant forms will be sent out on receipt of your application which must be returned to our office with the necessary identity documents.

Any information given will be held in the strictest confidence and only used in consideration of your suitability for the volunteering role and will not necessarily prevent you from volunteering.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service (DBS) website.

Have you been convicted of a criminal offence?

(Yes or no. **Only answer this question if the role requires a DBS clearance**): If yes, please give details:

Section 4: References
To assess your suitability for the role, we will take up references from individuals who have known you for at least two years and are aged 18 years or over. They must be a resident in the UK and be able to provide a written reference. They must not be a family member nor live in the same household as you and they must be able to comment on your ability

to perform the role that you are applying for. Do make sure that the persons mentioned are prepared to do this for you.
Please provide references for previous employment and/or volunteer engagements if possible.

Referee 1	
Name	
Occupation	
Company	
Address:	
Telephone	
Email	
How do you know this person	
How long have you known this person	

Referee 2	
Name	
Occupation	
Company	
Address	
Telephone	
Email	
How do you know this person	
How long have you known this person	

Section 5: Data Protection and Declaration

Kingston Association for the Blind is fully compliant with the General Data Protection Regulation (GDPR). All staff are covered by the KAB's Privacy notice which can be found on our website.

Section 6: Declaration

I hereby give my consent to Kingston Association for the Blind to process the data supplied in this application form for the purpose of volunteering.

I declare that the information given in this application is to the best of my knowledge complete and correct.

Signature: **Date:**

Volunteer Checklist

Name: (BLOCK CAPITALS)

The following questions have two purposes:

- They are designed to ensure that our volunteers are matched appropriately.
- They are intended to help us monitor and develop our voluntary schemes.
- If you feel that any question is irrelevant to these purposes, please comment.

Although this data will be stored on a computer, it will be treated in the strictest confidence. Data protection no. X3124697.

1. How did you hear about volunteering with KAB?

2. When are you available to volunteer?
   Please try and give as much detail as possible (e.g. weekends, evenings, I'm flexible, just Mondays and Tuesdays)?

   Are you available every week? If not, how often?

3. Which volunteer opportunities interest you, please mark all applicable:

Driver	
Eye Buddy	
Tandem Buddy	
Club Helper	
IT Support	
AD HOC Buddy	

4. Would you rather be matched with:

A Woman	A Man	No Preference

5. Do you have a full current British driving licence and use of a car?

Yes	No

6. Is there any situation that you feel unable to cope with: e.g. fear of dogs/cats/dislike of smoking etc?

7. Tandem Buddies only - please outline your cycling experience:

How far would you like to cycle?
How long would you prefer to cycle for?
Are you prepared to cycle throughout the year?

8. Do you have any specialist skills, interests or hobbies that we should consider when matching you with a visually impaired person?

9. Do you speak any other languages?

Yes
No

10. Do you have previous experience with visually impaired people or as a volunteer (if so, please give brief details?

11. Would you be happy to assist a visually impaired person to take part in sporting activities, e.g. the gym or swimming?

Yes
No

Signature: **Date:**

Equality and Diversity Monitoring Form

The completion of this form will assist KAB to monitor progress in achieving equal opportunities within our organisation. It will also enable us to provide information about the organisation to our funders and others.

The organisation needs your help and co-operation to enable us to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

GENDER IDENTITY:
What is your gender identity? Please tick the appropriate box.

Male	
Female	
If other, please specify:	

SEXUAL ORIENTATION:
Which of the following options best describes your sexual orientation?

Heterosexual	
Bi-sexual	
Asexual	
Gay	
Lesbian	
If other, please specify	
Prefer not to say	

AGE:
What is your age? Please tick the appropriate box.

16 – 24	
25 – 34	
35 – 44	
45 – 54	
55 – 64	
65 and over	
Prefer not to say	

ETHNIC GROUP:
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box which best describes your ethnic background?

White British	
White Scottish	
White Irish	
White Welsh	
Any other White background	
Asian British	
Any other Asian background	
Black British	
Black African	
Black Caribbean	
Any other Black, African, or Caribbean background	
Mixed or Multiple ethnic groups	
Gypsy or Irish Traveller	
Any other ethnic groups	
Prefer not to say	

RELIGION OR BELIEF:
Which category best describes your religion or belief? Please tick the appropriate box.

No Religion or belief	
Christian (All denominations)	
Hindu	
Sikh	
Muslim	
Buddhist	
Jewish	
Any other religion please specify	
Not known/ Prefer not to say	

MARTIAL STATUS:

Single	
Married	
Divorced	
Widowed	
Any others please specify	

ANY OTHER DISABILITIES (OTHER THAN VISUAL IMPAIRMENT):

Do you consider yourself to have a disability or heath condition that has (or would have without treatment) a long-term adverse effect on your ability to carry out one or more day to day activities?

Yes	
No	
Prefer not to say	

If Yes, please indicate the nature of your disability: