

## Volunteer application form.

## **SANDWICH**

Sneller House 19/21 Cattle Market Sandwich Kent CT13 9AP TEL: 01304 614237

Registered Charity No. 1109346

Service		
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TITLE NAME	
D.O.B	
ADDRESS	
POST CODE	
TELEPHONE HOME	WORK
MOBILE	EMAIL
CAR DRIVER YES/N	O HAVE OWN CAR

Status please tick		
Unemployed	Student	Retired
Working part time	Working full time	
Long term disable / sick		
Other (please specify)		

For office use only	References taken	References received
DBS	Start date	Welcome letter

How much time do you have available for	or volunteering?	
Days?	Times?	
How did you find out about voluntary wo	ork with us?	
What are your reasons for volunteering	?	
To gain work experience?	To get involved in the	
	community?	
To develop new skills?	To make new friends?	
To build up my confidence/	To maintain existing skills?	
Additional reasons or comments?		
Please advise us of any health problem	s or medical conditions that you think	
may affect the type of duties you can do	).	

In both the interests of yourself and the people with whom you will be working we require a reference from two referees who have known you for at least 2 years. These referees must not be family members.

Name	Name
Address	Address
Post Code	Post Code
Email address	Email address
Relationship to you	Relationship to you

As an agency working with vulnerable people, certain volunteer roles are considered exempt from the provision of the Rehabilitation of Offenders Act 1974 and any convictions must be declared. You must disclose all previous convictions; none of these may be considered as spent.

Have you ever been convicted, warned, reprimanded or cautioned for a criminal offence, or liable in a civil case? **Yes/No** 

If yes, details will be required from you on a separate sheet (strict confidence)

We may require a criminal records check. Do you give your permission for us to carry out the check?

Yes /No

## **Data Protection Act 1998**

Information on our database is strictly confidential and we do not pass personal data about you to any outside organisations and/or individuals without your express personal consent. Please indicate if you agree that we may; **Yes/No**Keep basic information on computer?

Yes /No

Name
Address
Postcode
Telephone number
Relationship to you
Has this person agreed to be your personal contact? Yes/No
I certify that all of the information given on this form is correct.

Date

All the information on this form is strictly confidential.

**Emergency contact** 

Signature