



VOLUNTEER APPLICATION FORM

Confidential

Full Name Title.....

Address

.....

Postcode Telephone Number

Date of Birth Occupation

Have you ever been convicted of a criminal offence? YES/NO

If yes please give brief details and outcome:

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Are you receiving any medical treatment? YES/NO

If yes give brief details:

Do you have a car? YES/NO Is it available for use? YES/NO

Have you had any experience in caring? (*Experience is not essential*)

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Interests/Hobbies:

.....

Type of service you wish to volunteer for:

VOLUNTEER VISITOR

Stays with the carers dependant within the carers own home for a few hours during the day or evening on a regular basis (Please state time, day weekly or fortnightly)

When are you available to help

.....

VOLUNTEER COFFEE CLUB HELPER

Helping members within the coffee clubs to take part in activities and general help during the session

Scarborough Wednesday morning 9.45am – 12.15pm

- *Would you be interested in helping with fundraising* YES / NO
- *Willing to attend Training sessions* YES / NO
- *Where did you hear about Support for Carers*

Names and addresses of two people (not related to you) who have known you for at least two years:- (please indicate their title Mr/Mrs/Miss/Ms)

Ref 1: Ref 2:

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Due to the nature of the work as a volunteer with Support for Carers I give permission for my name to be forwarded to the Criminal Record Bureau for a police check to be carried out on me.

I understand that all information given on this form and as a Volunteer with Support for Carers is regarded as confidential, to be used only for the purpose of achieving the organisation's aims and objectives, and will be held in accordance with The Data Protection Act 1998.

Signed: Date:

Please return completed form in the stamped addressed envelope provided to:

Support for Carers
 Unit 4
 64 - 66 Londesborough Road Business Park
 Londesborough Road
 SCARBOROUGH
 YO12 5AF

Telephone: (01723) 364808
 Email; supportforcarers@tiscali.co.uk