

# DEMENTIA CONCERN

## Volunteer Application Form

**Name:**

What type of volunteering opportunity are you interested in?		
<input type="checkbox"/>	Listening Ear Telebefriending	<input type="checkbox"/>
<input type="checkbox"/>	Admin Help in the Main Office	<input type="checkbox"/>
<input type="checkbox"/>	Working at the Charity Shop [Monday to Saturday]	<input type="checkbox"/>
<input type="checkbox"/>	Helping at Social Events [May include evenings]	<input type="checkbox"/>
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
<input type="checkbox"/>	Other [please give details of what you could do]	<input type="checkbox"/>

PERSONAL DETAILS		
TITLE		Mr/Mrs/Miss/Ms/Other
NAME		
ADDRESS	Postcode	
TELEPHONE NUMBERS	Home Mobile Work Is it OK for us to ring you at work? YES / NO	
E-MAIL ADDRESS		
WHAT IS THE BEST WAY OF CONTACTING YOU?		
Write / Phone / Mobile / E-Mail (please circle)		
DATE OF BIRTH		AGE
NATIONAL INSURANCE NO.		

**YOUR HEALTH**

Please give details of any medical condition or disability that may affect your volunteering and details of any needs you may have for support in order to volunteer. All information on this form is confidential. Please note that this information will not prevent you from being a volunteer, but would help us in the event of an emergency or you being taken ill while volunteering.

**Do you speak any other languages? If yes, please give details. YES / NO**

Private & Confidential

## EXPERIENCE

Have you done voluntary work before?

YES / NO

If yes, please give details of your present or most recent voluntary work.

**Name of the Organisation:**

**From:**

**To:**

**Brief description of your role**

What personal experiences, skills, knowledge or interests have you had that might help with this volunteering role

Please give your reasons for wanting to do voluntary work with Dementia Concern, and what you are hoping to gain from the experience.

## AVAILABILITY

Please tick your availability

<b>Preferred days/times</b>	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

Private & Confidential

## REFERENCES

Please provide the contact details of two referees who are not relatives or partners. If possible, one referee should have some knowledge of your previous paid /voluntary work.

Reference 1	
Name	
Address	
Post Code	
Phone no.	
E-mail address	
Relationship to you	
Occupation	

Reference 2	
Name	
Address	
Post Code	
Phone no.	
E-mail address	
Relationship to you	
Occupation	

## ADDITIONAL INFORMATION

Please provide any additional information that might support your application or might aid us in matching you as a befriender.

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**REHABILITATION OF OFFENDERS ACT 1974**

**Your volunteering with Dementia Concern may bring you into contact with vulnerable adults. Because of this, it is important you complete the following questions. We are committed to best practise in volunteer recruitment and will ensure that those who volunteer are appropriately screened.**

**Please give details on a separate sheet, of all criminal convictions (spent or unspent) including date, offence, and sentence.** The information you provide will be kept separate & remain strictly confidential. Declaring a conviction does not necessarily mean you cannot volunteer, but if we later find that you failed to declare a conviction, this may be regarded as gross misconduct, and could lead to your volunteering being terminated.

**If you have no Criminal Convictions please write none here:**

I agree that my details will be 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.*** However, we reserve the right to conduct checks as necessary. By signing, you will provide Dementia Concern with the consent to request information where appropriate.

**DECLARATION**

The information provided in this application will be used for the purpose of recruitment and the befriending process of “matching” you with clients. If successful, it will become part of the confidential volunteer records. No personal information will be disclosed to parties external to Dementia Concern without your consent. Details of our Data Protection Policy can be provided on request.

***“I declare that, to the best of my knowledge and belief, the information provided on this form is correct”***

**Name:**

**Signed:**

**Date:**

**Thank you for your interest in Dementia Concern**