

NORTH WALSHAM DEMENTIA SUPPORT GROUP

VOLUNTEER APPLICATION FORM

CONFIDENTIAL

Personal Details

Name :

Address:

.....
.....

Post Code: e-mail:.....

Tel. No (day):(evening).....

Age Range : volunteers must be over 16 years

Please circle :..... 16 to 35 36 to 75 75 or over

Please outline your reasons for wanting to volunteer with us

Please give details of past experiences

Areas of interest – any special skills

Support needs

Do you need any support, aids or adjustments due to a disability or health issues to help you volunteer with the North Walsham Dementia Support Group in the Cameo Café? If so, please specify

Emergency contact(s)

Name, address, telephone number and relationship to you:

References

Please provide details of two people, not related to you, who we are able to ask for a reference:

Name.....

Address.....

..... Post Code

Status of referee (employer, friend, etc)

Name

Address.....

..... Post Code

Status of referee (employer, friend, etc).....

DISCLOSURE OF CRIMINAL CONVICTIONS – REHABILITATION OF AFFENDERS ACT 1974

The appointment of any volunteer who may have contact with or access to vulnerable adults may be subject to receipt of a satisfactory DBS

Please complete the following declaration regarding criminal convictions or police cautions (please tick)

I have nothing to declare :

I have information to declare:

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

Signed :..... Date: