

# CONFIDENTIAL VOLUNTEER APPLICATION FORM

Title: \_\_\_\_\_ Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel : \_\_\_\_\_ Mobile no: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Do you hold a current driving licence: \_\_\_\_\_

Are you available to drive the homes vehicle: \_\_\_\_\_

Do you have any medical conditions which may interfere with your voluntary work: \_\_\_\_\_

Name and address of GP: \_\_\_\_\_ Tel no: \_\_\_\_\_

Do you have any disabilities you feel we should be aware of ? \_\_\_\_\_

Have you had any first aid training? \_\_\_\_\_ Date: \_\_\_\_\_

You will be required to undertake a Criminal Records Bureau check prior to commencement of Voluntary work at Donisthorpe Hall, an appointment will be made with the HR Assistant to complete the necessary form.

We will also require references from 2 referees before you can start. Please give details below. One should ideally be a previous employer or professional and the other a character reference from someone who has know you for at least 2 years.

	Referee 1	Referee2
Name		
Address		
Tel		
Email		

Have you any experience of Voluntary work? \_\_\_\_\_

Have you any experience of working with older people? \_\_\_\_\_

Why are you interested in Voluntary work at Donisthorpe Hall? \_\_\_\_\_

What days / hours are you available?

Which activities would you consider?

I confirm that the above information is correct. Signed \_\_\_\_\_ Date \_\_\_\_\_

This form will be held on file in the strictest confidence.

For office use: **Training**

Fire	Date:	Signed:	Position
Moving and Handling	Date:	Signed:	Position
Infection Control	Date:	Signed:	Position
Abuse	Date:	Signed:	Position