



**Holt & District
Dementia
Support Group**



VOLUNTEER APPLICATION FORM – CONFIDENTIAL

NAME

ADDRESS

POST CODE

TEL.NO. (DAY) **EVENING**

EMAIL ADDRESS

AGE RANGE (volunteers must be over 18 years of age)

PLEASE CIRCLE.....18/35.....35/75.....OVER 75

PLEASE OUTLINE WHY YOU WOULD LIKE TO VOLUNTEER WITH US

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.....
.....

PLEASE GIVE DETAILS OF PAST AND PRESENT EMPLOYMENT AND VOLUNTEERING EXPERIENCE WITH VULNERABLE ADULTS

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.....
.....

AREAS OF INTEREST – ANY SPECIAL SKILLS

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.....

SUPPORT NEEDS Do you need any support, aids or adjustments due to a disability or health issue to help you volunteer with Holt and District Dementia Support Group? If so please specify:

.....



**Holt & District
Dementia
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REFEREES:

Please provide details of two people, not related to you, who we may ask for a written reference

(1) NAME

ADDRESS

(2) NAME

ADDRESS

STATUS OF REFEREE (EMPLOYER, FRIEND ETC) 1

2

**DISCLOSURE OF CRIMINAL CONVICTIONS – REHABILITATION OF OFFENDERS
ACT 1974**

The appointment of any volunteer who may have contact with or access to vulnerable adults may be subject to the receipt of a satisfactory disclosure from the disclosure and barring service (DBS check). The presence of a criminal record will not necessarily prevent involvement with the Holt and District Dementia Support Group.

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

- I have nothing to declare
- I have information to declare (if you tick – please submit details in a sealed envelope marked confidential; addressed to the chair of the group and return with your application form.)

DECLARATION - I DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNED DATE

PLEASE RETURN THE COMPLETED FORM TO: Claire Roberts, CHAIR H&D DSG, 10 Kelling Road, Holt. NR25 6RT