Holt & District Dementia Support

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

Title: …… **First name:** ……...

Surname: ……

Address: ……...

……..**Post code:** ……...

Tel no. Day: ……**Evening:** ……...

Email address: ……....

Age range (Volunteers must be over 18 yrs. old):

Please circle as appropriate: 18 / 35 36 / 60 61 / 74 75+

Please outline why you would like to volunteer with us:

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……

Please give details of past and present employment and any previous experience of volunteering:

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……..

……..

Areas of interest or any special skills:

……..

……

Support requirements:

Holt & District Dementia Support is an inclusive organisation and welcomes those who may be living with a disability or health issue who may wish to volunteer. Do you need any support, aids or adjustments to help you to meet the requirements of the role of volunteer? If so, please specify:

……..

REFEREES

Please provide details of two people, not related to you, who we may approach to provide you with a reference (Please do inform the individuals concerned to ensure they are prepared to provide a reference):

1. Name: ……..

   Address: ……

   …… Post code: ……

   Email address: ……

   Status of referee (Friend, Employer etc): ……

2. Name: ……..

   Address: ……

   …… Post code: ……

   Email address: ……

   Status of referee (Friend, Employer etc): ……

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 Disbarring Service (DBS check). The presence of a criminal record will not necessarily prevent involvement with Holt & District Dementia Support.

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 that you have information to declare please submit details in a sealed envelope marked confidential and addressed to the Chair of the Trustees and return with your application form).

DATA PROTECTION

I consent to my personal details being held by Holt & District Dementia Support for the purpose of this application and I understand that these details will be kept securely and will be deleted if I am unsuccessful in my application or I cease to volunteer with the organisation in accordance with the General Data Protection Regulation 2016:

Signature: ……... **Date:** ……...

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

Signature: ……... **Date:** ……
Please return the completed application form to:
Claire Roberts, Chair H&DDS, 6 Kelling Close, Holt, NR25 6RU.