

VOLUNTEER APPLICATION FORM

NAME:.....

ADDRESS:
.....
.....

DATE OF BIRTH: **EMAIL ADDRESS:**.....

TELEPHONE: Home **Work**
Mobile

1. INTERESTS: What are your interests, sports or hobbies?
.....

2. EXPERIENCE: Have you done voluntary work or work with people with disabilities before? YES/NO (Please circle your answer)

If YES, please give brief details:.....
.....

3. How often do you think you would be able to volunteer? (e.g. once a week, once a fortnight or once a month)

4. Are there specific times of the day or week when you would prefer to do your volunteering?

.....
.....

5. TRANSPORT: Do you have a current driving licence? YES/NO

6. MEDICAL HISTORY

Volunteers must complete a Medical Declaration, giving

- a. Details of any medical problems that might affect your work for The Clubhouse Project Day Service (e.g. Epilepsy or Diabetes, severe back problems)
- b. Details of any current or past alcohol or drug related dependencies

Are you happy to complete a Medical Declaration? YES/NO

7. DISCLOSURE AND BARRING SERVICE

Because of the vulnerability of adults with learning disabilities, The Clubhouse Project Day Service Ltd

- a. Requires volunteers to complete a DBS Form. In most cases, a criminal record will not automatically prevent you from volunteering.

Are you happy to complete a DBS form and undergo a Police Check? YES/NO

8. REFERENCES

Please give the names, addresses and telephone numbers of two people from whom references may be requested: (this could be an employer, doctor, teacher, social worker, or any other independent person who knows you well).

N.B. All information will be kept confidential. You have the right to see any information concerning you that we keep.

1

.....

.....

.....

2

.....

.....

.....

YOUR SIGNATURE:..... DATE.....