

Chandlers Ford Good Neighbours Volunteer Application

Please would you supply the following information:

Mr Mrs Ms (please circle) First name Last name

Address

Postcode Home telephone

Email address

Please tick the types of help you can offer:

At a client's home:

- Visiting/befriending
- Reading/writing letters
- Dog walking
- Emergency meals
- Small DIY jobs

Driving locally to include:

- Shopping
- Local medical appointments
- Collecting prescriptions
- Driving to hospitals:**
- Romsey
- Winchester
- Southampton

Committee work:

- Co-ordinator
- Publicity
- Fundraising
- General admin

Please indicate your likely availability by ticking the relevant boxes. Even if you can only offer occasional help, an indication of which days would suit you better helps us. Please note that we are mainly asked to help clients on weekdays and during normal office hours.

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

What level of commitment can you offer? (please circle as appropriate)

Do you want regular tasks eg weekly? Less frequent than weekly? Occasional/reserve list?

References: please give the name of 2 referees (not relatives)

1 Name

Address

Postcode Telephone

2 Name

Address

Postcode Telephone

Rehabilitation of Offenders Act 1974 (Exemption) Orders 1975 & 1986

The provisions relating to the non-disclosure of criminal convictions do not apply to the voluntary work for which you are applying. Therefore it is necessary to disclose any criminal convictions even if, under the Rehabilitation of Offenders Act, they would otherwise be regarded as spent. Disclosing an offence will not necessarily prevent you from volunteering.

Have you been convicted of any criminal offence at any time? Yes No

Do you have any charges pending Yes No

If so, please give details of the conviction(s), charges(s) and date(s)

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CRB check

Have you been checked by the Criminal Records Bureau in the past 6 months? Yes No

If yes, please give the name of organisation for which you were working at that time

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Other information: please add any other information about yourself that you think is relevant

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Personal data

I give permission for the data supplied on this form to be used by Chandlers Ford Good Neighbours to further the aims of the group.

Signature Date

Please return this form to:

The Chairman, Chandlers Ford Good Neighbour
9 Cleveland Close, Chandlers Ford, Eastleigh SO53 5PX