

VOLUNTEER APPLICATION FORM

OLDER CARERS PEER TO PEER SUPPORT GROUPS

Role: Volunteer Community Connector

CONFIDENTIAL

Personal Details

(Please Circle) Mr Mrs Miss Ms Dr First Name(s) _____

Surname _____

Address _____

Postcode _____

Tel. No. (day) _____ Tel. No. (evening) _____

Mobile No. _____ Email _____

Please tell us how you meet the volunteer role and person specification (attached). Relevant experience could be as an unpaid carer, in work roles or in your personal life.

Availability (please tick as appropriate)

Mon	Tues	Weds	Thurs	Fri
am pm				
<input type="radio"/> <input type="radio"/>				

Evenings Totally flexible

Have you ever been convicted of any offence? Yes No

If the voluntary work involves helping with children/young people/vulnerable adults, all criminal offences must be declared and are exempt from the provision of the Rehabilitation of Offenders Act 1974.

If YES, please give details _____

(Please continue on a separate sheet if necessary)

Continue overleaf.....

Is there anything else you would like to tell us about yourself?
(Please continue on a separate sheet if necessary)

Please tell us how you heard about this role

Email is the cheapest way we can contact you but if you would rather receive our key communications by post please tick this box

References

Please give full details of two responsible people who have known you for **OVER TWO YEARS** (not members of your family) who could provide a reference. Ideally one should be a professional, for example, a teacher.

Name _____

Name _____

Address _____

Address _____

Tel No. _____

Tel No. _____

Email _____

Email _____

Occupation _____

Occupation _____

How long have you known this person?

How long have you known this person?

I declare that the information given on this form, and on any accompanying documents, is true to the best of my knowledge and belief. I agree to complete a Disclosure & Barring Service application where appropriate for my chosen role. These records are confidential to Help for Carers. By filling out this form you consent to Help For Carers storing your data. No information will be passed on without your consent to a third party.

Signature _____

Date _____

Please return your form to: Carers Hub Lambeth, Volunteer Applications, c/o Rebecca Kemp, Older Carers Peer Support Groups, 336 Brixton Road, London SW9 7AA. Or scan form and email to: Rebecca@helpforcarers.org.uk