

Caring Together Whitby & District

Caring Together Whitby & District
Church House
Flowergate
WHITBY
North Yorkshire YO213BA



Tel: (01947) 605757

VOLUNTEERS APPLICATION FORM (CONFIDENTIAL)

SURNAME.....FORENAMES.....

ADDRESS.....

.....POST CODE.....

TEL. NO.....OCCUPATION.....

DATE OF APPLICATION.....

DATE OF BIRTH.....AGE LAST BIRTHDAY.....

CAR DRIVER YES/NO.....PREVIOUS EXPERIENCE OF HOME NURSING YES/NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?.....YES/NO

IF 'YES' PLEASE STATE.....

ARE YOU UNDER ANY MEDICAL TREATMENT?

PLEASE STATE WHICH AREA YOU ARE VOLUNTEERING FOR:-

VISITING.....SITTING.....OTHER.....

WHY DO YOU WANT TO VOLUNTEER?.....

WHAT ARE YOUR INTERESTS?.....

HOW MANY HOURS CAN YOU HELP WEEKLY?.....

ARE YOU AVAILABLE IN AN EMERGENCY? YES/NO

PLEASE GIVE THE NAMES AND ADDRESSES (OVERLEAF) OF TWO MATURE RESPONSIBLE REFEREES (NOT RELATED) WHOM WE MAY APPROACH:-

REFERENCES

1. NAME.....
ADDRESS.....
.....
.....
TELEPHONE NUMBER

2. NAME.....
ADDRESS.....
.....
.....
TELEPHONE NUMBER

VOLUNTEER DATA PROTECTION

When becoming a volunteer with Caring Together, information is recorded about you during the process of registration and this constitutes a paper record and filing system to which you have the right of subject access. To comply with the 1998 Data Protection Act all volunteers registering with the organisation are required to sign this statement confirming their consent to their personal data being held on a database and their understanding that the information given will be used only for the purpose of matching individuals with volunteering opportunities.

Signed: Date:

CRIMINAL RECORD BUREAU CHECK

Disclosure Number:

Date of Issue:

Disclosure Type:

Date of Birth: