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### Volunteer Recruitment Form

Thank you for enquiring about joining us a volunteer. Should you be successful, you will be involved in voluntary activities with vulnerable groups, some frail elderly people and their families/carers. It can be a very demanding role and you will need a lot of patience.

Just as you need to know something about the special needs of each elderly person, it is equally important that we know a little about those people who are helping them. It will be helpful if you could complete the following form and then return it to us. The information will be treated as confidential.

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. /Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Age (please tick) 16 - 25 ( ) 25 - 40 ( ) 40 – 60 ( ) 60 + ( )

Have you worked as a volunteer before? (please tick ✓) Yes ( ) No ( )

Have you had experience assisting with elderly people? Yes ( ) No ( )

If yes, in what capacity? \_\_\_\_\_

Please indicate (✓) which area(s) of volunteering you are interested in:

- |                                     |     |                             |     |
|-------------------------------------|-----|-----------------------------|-----|
| Lunch Club/Coffee morning assistant | ( ) | Activities Support          | ( ) |
| Memory Group                        | ( ) | Administration              | ( ) |
| Befriending                         | ( ) | Website update/social media | ( ) |
| Book keeping                        | ( ) | Driver assistant            | ( ) |

When are you available? (Please circle all relevant days)

Daytime: From (am) .....To (pm) .....**Mon Tue Wed Thur**

**[For Memory Group : Mondays only – from 10.30am to 2.00pm] ( )**

Please tell us about any particular skills you may have such as computer, second language, befriending, First aid etc. \_\_\_\_\_

\_\_\_\_\_

Do you consider yourself to be disabled under the Disability Discrimination Act?

Yes ( ) No ( )

If yes, are there any reasonable adjustments that you think we could make to assist you in relation to the Voluntary role you are applying for?

Have you any convictions that are not spent under the Rehabilitation of Offenders Act?

Yes ( ) No ( )

If yes, please provide further details:

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**Disclosure and Barring Service (DBS) checks**

If successful you will be working closely with elderly people, therefore an enhanced DBS check will be sought prior to confirmation of appointment.

Please supply the names and addresses of two Referees, for example, Employer, Tutor, Form Teacher, Doctor (only if the Doctor gives their permission), Social Worker. We will not accept references from family members.

Name \_\_\_\_\_ Role \_\_\_\_\_ Tel No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Role \_\_\_\_\_ Tel No. \_\_\_\_\_

Address \_\_\_\_\_

Any further information?

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**I confirm that to the best of my knowledge the above information is true. I understand that any fabrication will lead to instant termination of voluntary work with HCEO.**

**Signed..... Date.....**

***OFFICIAL USE ONLY***

Applicant referred by \_\_\_\_\_

<u>References requested</u>	Yes/No	<u>References received</u>	Yes/No
Verbally:.....	Date.....	Verbally:.....	Date.....
Written:.....	Date.....	Written:.....	Date.....