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T: 0207 923 3536

Please return the completed form and return to us.

### Volunteer Application Form (2020)

Thank you for enquiring about joining us as a volunteer. Should you be successful, you will be involved in voluntary activities with vulnerable groups i.e. some frail elderly people and their families/carers. It can be a very demanding role which requires 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. All information will be treated as confidential.

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email address \_\_\_\_\_

National Insurance Number \_\_\_\_\_ Male ( ) Female ( )

Date of Birth \_\_\_\_\_

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 Assistant | ( ) | Activities Support                 | ( ) |
| Coffee morning       | ( ) | IT & Social Media                  | ( ) |
| Administration       | ( ) | Advocacy                           | ( ) |
| Arts & Craft support | ( ) | Dementia Memory Wellbeing support* | ( ) |

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

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

**\*NB: The Dementia Memory group is on a Monday 10.30-2.00pm.**

Can you type or use a computer? Yes ( ) No ( )

Do you have any other skills? Please specify (e.g. a second language, Befriending, First Aid etc)

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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?

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Do you have a current DBS Certificate obtained for working with vulnerable adults?

Yes ( ) No ( )

If yes, please enter your DBS number \_\_\_\_\_

Have you any convictions that are not spent under the Rehabilitation of Offenders Act 1974? 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 if you do not have a current DBS you will be expected to obtain one prior to confirmation of appointment.

Please supply the names and addresses of two referees, for example, Employer, Tutor, Form Teacher, Doctor (with your doctor's permission) or Social Worker. We cannot 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**.....