

For office use only.
References Sent: References Rec'd:
DBS applied for: DBS received:

**CARERS CHOICES
VOLUNTEER APPLICATION FORM**

Please return to: Carers Choices, The White House, Kiln Road, Benfleet, Essex SS7 1TF
volunteering@carerschoices.org

Volunteer role applied for:

Where did you hear about this opportunity?

- | | |
|--|---|
| <input type="checkbox"/> Volunteer Essex website | <input type="checkbox"/> Carers Choices website |
| <input type="checkbox"/> Volunteer Centre | <input type="checkbox"/> Event |
| <input type="checkbox"/> Poster / Leaflet | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Facebook / Twitter |

Other, please state:

PERSONAL DETAILS

Name:

Address:

Telephone No:

Email address:

AVAILABILITY

	am	pm	eve
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION

Please use this space to tell us about yourself. For example, why you would like to offer your services as a volunteer? What relevant experience do you have?

Please tell us about any health conditions or disabilities that we may need to be aware of in order to assist you in your volunteering role.

REFERENCES

Please give names of two referees who may be contacted. These should be people who know you well and can give character references, but must **NOT** be relatives.

Name:	Name:
Address:	Address:
Phone no:	Phone no:
Email:	Email:
Relationship to you:	Relationship to you:

VOLUNTEER DECLARATION

I declare that I have not been convicted of any offence, including traffic offences. I understand that I must be willing for Carers Choices to apply for an enhanced disclosure from The Disclosure and Barring Service (DBS) if the volunteering role is regularly working with children and/or vulnerable adults. I understand that I may have to access confidential information and will respect this and adhere to the Carers Choices Confidentiality Policy at all times.

Signed:

Date: