

VOLUNTEER APPLICATION FORM

1. CONTACT DETAILS

Name:

Address:

Home Telephone:

Mobile:

Email Address:

2. VOLUNTARY WORK EXPERIENCE

Please tell us about your current or previous volunteer experience:

| Organisation | Volunteer role | From (MM/YY) | To (MM/YY) |
|--------------|----------------|--------------|------------|
| | | | |
| | | | |

Please use supplementary sheets if necessary

3. EMPLOYMENT

Please tell us about your current job (if applicable) NB: If you are currently not in paid employment, please tick this box

| Company | Position | From (MM/YY) | To (MM/YY) |
|---------|----------|--------------|------------|
| | | | |

4. VOLUNTEER OPPORTUNITIES

What of the following volunteer opportunities interest you?

Dementia Adventure Holiday Volunteer

Office/Administrative jobs

Dementia Adventure Walk Helper

Dementia Adventure spokesperson

Why would you like to volunteer for Dementia Adventure?

ADDITIONAL SKILLS, TRAINING AND QUALIFICATIONS

Do you have any additional skills, training or qualifications which you would like us to know about? (*please use extra sheet if necessary*)

AVAILABILITY

Please indicate with a tick in the grid below, which times of the week suit you best to volunteer:

| | Morning | Afternoon | Evening |
|-----------|--------------------------|--------------------------|--------------------------|
| 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"/> |



If you would be available to go away for periods of time as a volunteer on our adventure holidays, please tick here:

SUPPORT NEEDS

Do you consider yourself to have a disability or support needs which is relevant to your application?
YES NO

If yes, is there anything we need to know about your disability or support needs in order to ensure you have equality of opportunity?

REFERENCES (Please provide details of two referees who we can contact)

| Referee 1 | Referee 2 |
|----------------------|----------------------|
| Name: | Name: |
| Relationship to you: | Relationship to you: |
| Address: | Address: |
| Phone number: | Phone number: |
| Email: | Email: |

Do you have a valid DBS (formerly CRB) check in place?

Signed _____ Date: _____

Thank you for your interest in volunteering with Dementia Adventure and for taking the time to complete this application. Please kindly return this form to:
Dementia Adventure, Unit 11, Old Park Farm. Main Road, Ford End, Essex, CM3 1LN
OR email the form to info@dementiaadventure.co.uk