



Volunteer Application Form

Please complete this form as fully as possible, attaching a separate sheet if you need to.

Name: Mr / Mrs / Miss / Ms.....

DOB.....

Address:

.....

.....

.....

Telephone: HomeWork

Mobile.....Email.....

Emergency Contact Details

Name:.....

Contact Number:

Relationship to you:

Personal Information

What appeals to you about becoming a volunteer with the Dacorum Mencap?

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What hobbies or interests could you share with our members?

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.....

Do you consider you have any particular skills or personal qualities to offer?

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How often, and when, would you like to volunteer?

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.....

Do you hold a current driving licence?

Do you have the use of a car?

Do you have any disabilities or health problems (or have you had any in the past) that might affect your ability to volunteer? (If yes, please explain)

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.....

DBS (previously CRB) check

In the interests of the people we support, it is Dacorum Mencap’s policy that all volunteers undergo a criminal records check. This is free, and you will be told how to apply.

Have you ever been convicted of a criminal offence? If yes, please give details:

.....
.....

(This information is treated in the strictest confidence and will be considered only as it relates to the voluntary work undertaken. By virtue of the Rehabilitation of Offenders Act 1974, in particular the Exceptions Amendment order 1986 regarding people working with the mentally disabled, spent convictions must also be disclosed).

References

Please give the names, addresses and telephone numbers of two people (not relatives or partners) who know you well and whom we may contact for a reference. We may wish to speak to referees personally.

1. Referee

Name:

Address:

.....
.....

Tel No:

Email.....

2. Referee

Name:

Address:

.....

.....

Tel No:

Email.....

I confirm that the above information is correct.

Signed: Date:.....

Please return this form to:

manager@dacorummencap.org.uk

Dacorum Mencap
48 High Street
Hemel Hempstead
Herts HP1 3AF

Tel: 01442 247675

Please complete the Equal Opportunities Monitoring Form on the reverse

Equal Opportunities Monitoring Form

Dacorum Mencap is committed to Equal Opportunities and aims to welcome users of its services and volunteers from across the whole community. To help us check that we are reaching the widest possible range of people, we ask that you provide the following information, which will be handled in accordance with the Data Protection Act 1998. We will store this information securely and will not pass individual information about you to anyone outside Dacorum Mencap. We may use the information to compile reports and statistics about our work to show our funders and others how our schemes are performing.

Gender	Please tick	Ethnic Group	Please tick
Male		White British	
Female		White Irish	
Transgender		White Polish	
Not Known		Any other White	
Rather not say		Bangladeshi	
		Indian	
Age		Pakistani	
Under 18		Any other Asian	
18-24		African	
25-34		Caribbean	
35-44		Any other Black	
45-54		White and Asian	
55-64		White and Black African	
65-74		White and Black Caribbean	
75-84		Any other mixed	
85-89		Chinese	
90+		Traveller/Gypsy	
Not Known		Other please state	
Rather Not Say			
		Not Known	
Sexual Orientation		Rather Not Say	
Heterosexual			
Gay Man		Religion / Belief	
Lesbian/Gay Women		Christian	
Bisexual		Jewish	
Not Known		Hindu	
Rather Not Say		Muslim	
		Buddhist	
Do you have a disability?		Sikh	
Yes		Other (please state)	
No			
		No Religion	
		Not Known	
		Rather Not Say	