

VOLUNTEER APPLICATION FORM

Strictly Confidential

Please give us the following information, for the purposes of our management and insurance, and, for drivers and coordinators only, to initiate personal references.

Title:	First Name:	Surname:
Address:		
		Postcode:
Home Tel:	Work Tel:	Mobile:
Email:		Best time to contact you?
How did you hear about Contact the Elderly?		

WOULD YOU LIKE TO VOLUNTEER AS

A Regular driver one Sunday afternoon a month	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Host in your home to a local group on a Sunday once or twice a year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The Coordinator of a Contact The Elderly Group	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Reserve driver to help occasionally (when other drivers in group are unavailable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any criminal convictions which are not legally spent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VOLUNTEER DRIVERS ONLY

Make and type of car	Registration Number	
Number of seats	Number of seat belts	Number of doors
Insurance:	Comprehensive <input type="checkbox"/>	Third Party Only <input type="checkbox"/>
Drivers License:	Full <input type="checkbox"/>	Provisional <input type="checkbox"/>
Please give details of any endorsements		

VOLUNTEER HOSTS ONLY

No stairs and not too many steps are required as well as a downstairs toilet.

How many steps are there to be negotiated?

Do you have a downstairs toilet?

Yes No

Please give details of parking facilities in area:

VOLUNTEER DRIVERS AND COORDINATORS ONLY

Please give the details of two non-family members who will provide a personal reference for you.

Full Name:		Full Name:	
Address:		Address:	
	Postcode:		Postcode:
Tel home:	Tel work:	Tel home:	Tel work:
Email:		Email:	
Relationship:		Relationship:	

Data Protection Act: I understand and agree that, as part of a Contact the Elderly group, my details will be held in a confidential database, which is only used for communications within the charity.

Signature: _____

Date: _____

If you know of anyone who would be interested in receiving more information about Contact the Elderly please give details and we will send information to them.

Name:

Address:

Telephone Number:

Email:

Relationship:

Please return this form to:

Contact the Elderly
15 Henrietta Street
LONDON
WC2E 8QG

If you have any questions please do not hesitate to contact us on 020 7240 0630
or via email: info@contact-the-elderly.org.uk