



Please Return To: Cleo Smith
Age UK Hythe and Lyminge
Sanford House
Street
Hythe
Kent
CT21 6BD
01303 269602

VOLUNTEER APPLICATION

**PLEASE NOTE WE WILL CONTACT YOU FOLLOWING RECEIPT OF SUCCESSFUL
REFERENCES**

Personal Details

Title	Surname	First name(s) (underline the one you are known by)

Home address

Post code

Telephone

Number

Mobile Number

E-mail

This is now required
for DBS completion

Nationality

Do you hold a full UK driving licence? YES/NO

Would you be prepared to drive our minibuses? YES/NO

Your position is subject to a check with Disclosure Barring Service, do you hold any previous or current criminal convictions YES/NO

If yes please give reasons

Do you consider yourself to have a disability? YES/NO

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process

Employment and Work Experience

From - To month/year	Employer Name and address	Job Title, Responsibilities and reason for leaving

Personal Interests

Use the space below to describe your personal interests relevant to the post applied for.

Please explain why you have applied to become a volunteer for Age UK Hythe & Lyminge

Referees

Referee one

Name

Position

Address

Telephone

Email:

Referee two.

Name

Position

Address

Telephone

Email:

Availability

Which days would you like to volunteer?
(please tick)

Day of the Week Please tick Time able to offer

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

AS and When

Please underline the area in which you are interested in helping us with: (This list is not exhaustive)

1. Supporting in specific activities eg Art, gardening, cards.
2. Assisting in the kitchen
3. Befriending
4. Assisting in marketing our services eg leaflet dropping
5. Delivering meals (own car required)
6. Supporting older people to attend medical appointments
7. Shopping for a client
7. Supporting fundraising events
8. Assisting with laundry and ironing
9. Pick up and taking home clients using the organisations minibuses
10. Delivering laundry
11. Assisting in the café at weekends
12. Assisting in the café at Lyminge
13. Assisting in the charity shop at Lyminge

The statements made on this form are true. I understand any false statements may jeopardise my application and may lead to an offer being withdrawn.

Signed Name (please print) Date.....

Please tick if application returned by

- POST
- EMAIL
- HAND DELIVERED

For office use only

Date Application received.....

Date References

sent.....

Date of Position offer.....

If no give Reason.....

.....

Date DBS applied If required.....

Start Date

Other Comments.....

.....

.....

Authorised Signature..... Name..... Date.....