

Please Return To: Cleo Smith Age UK Hythe and Lyminge Sanford House Street Hythe Kent CT21 6BD 01303 26962

### VOLUNTEER APPLICATION

LEASE NOTE WE WILL CONTACT YOU FOLLOWING RECIEPT OF SUCCESSFUL REFERENCES					
Personal Details					
Title	Surname	First name(s) (underline the one you are known by)			
Home ad	dress				
Post code	9				
Telephon	e				
Number					
Mobile Nu	Mobile Number				
E-mail					
This is now re for DBS comp online.					
Nationalit	У				
Do you he	old a full UK driving licence? YES/NO				
Would yo	u be prepared to drive our minibuses? N	/ES/NO			
	ition is subject to a check with Disclosur iminal convictions YES/NO	e Barring Service, do you hold any previous or			
If yes plea	ase give reasons.				

## 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

#### WE CANNOT CONTINUE WITH YOUR APPLICATION WITOUT THIS SECTION COMPLETE WITH TWO REFERENCES, PLEASE NOTE THEY MUST HAVE KNOWN YOU FOR AT LEAST TWO YEARS AND CANNOT BE FAMILY.

Referee one	Referee two.	
Name	Name	
Position	Position	
Address	Address	
Talanhana	Telephone	
Telephone	Telephone	
Email:	Email:	
TO CONTINUE WITH YOUR APPLICATION, WE WILL APPLY FOR YOUR REFERENCES		

# TO CONTINUE WITH YOUR APPLICATION, WE WILL APPLY FOR YOUR REFERENCES IMMEDIATELY Do we have your permission to contact these referees? Yes No

Availability

Which days would	d you	like t	o volu	unteer?
(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:

- 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. Supporting fundraising events
- 7. Assisting with laundry and ironing
- 8. Delivering laundry
- 9. Assisting in the café at weekends
- 10. Gardening and Maintenance of Age UK Buildings

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and may lead to an offer being withdrawn.		

Signed	Name (please print	)Date
Signed	Traine (piease print	JDate

Please tick if application returned by

POST	
EMAIL	
HAND	
DELIVERED	

For office use only
Date Application received
Date References
sent