

# FARNBOROUGH NEIGHBOUR CARE

c/o Devereux House  
 69 Albert Road  
 Farnborough  
 Hampshire  
 GU14 6SL  
 Office Telephone 01252 371199

## Volunteer Application Form

Title: Mr /Mrs /Ms /Miss/Other .....

First Name(s) .....

Surname .....

Address .....

.....

Postcode .....

Email .....

Telephone: Home .....

Mobile .....

Occupation (Present/Previous) .....

Special Skills/Interests (if applicable to this application)

.....

**For Drivers Only (please ring answers):**

What size car do you have?	Estate	Hatchback	Saloon
How many doors does your car have?	Three	Four	Five
Have you a clean licence?		Yes	No
If no, how many penalty points/endorsements			
Up-to-date car tax and MOT, if applicable		Yes	No
Have you comprehensive insurance cover on your car?		Yes	No
Do you have any disability or health problems which may affect the type of work you want to do?		Yes	No
If any, please specify			

**Times Available** (Please tick appropriate boxes)

Time	Mon	Tues	Wed	Thurs	Fri
Morning					
Afternoon					

Any times unavailable, e.g. school holidays .. .. .

**Names and addresses of two referees** (neither to be a relative)

Name ..... Name .....

Address ..... Address .....

.....  
 .....

Post Code ..... Post Code .....

**Rehabilitation of Offenders Act 1974 (Exemption) Orders 1975 & 1986**

The provisions relating to the non-disclosure of criminal convictions do not apply to the voluntary work for which you are applying. Therefore, it is necessary for you to disclose any criminal convictions, even if, under the Rehabilitation of Offenders Act, they would otherwise be regarded as 'spent'. Disclosing an offence will not necessarily prevent you from volunteering.

Have you been convicted of any criminal offence at any time? Yes / No

If yes – please give details of the conviction(s) and date(s)

.....  
 .....

I agree to keep my necessary documentation up-to-date and to inform the Trustees of Neighbourcare of any changes affecting my services as a volunteer.

**The above statements are true to the best of my belief.**

**Signed** ..... **Date** .....

*Please return this form to Bob House at Devereux House, Albert Rd, Farnborough GU14 6SL*