**Volunteer Application Form**

**Confidential**

Name (Mr/Mrs/Miss) ……………………………………………………………………………………………………………

Address ………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………. Post code ………………………………………

Home Telephone No. ……………………………………… Mobile No. ……………………………………………….

Email. …………………………………………………………………………………………………………………………………..

Are you in employment? …………………………………………… (no / Full time / Part time)

Present / previous employment …………………………………………………………………………………………..

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Do you have any disability that would affect the type of help you could give? Yes / No

If Yes, please give details ………………………………………………………………………………………………………

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In which capacity would you like to volunteer: Reading – Recording – Preparation for Posting – Copying – General (circle any that you are interested in).

Do you have any particular interests or talents that could be of special help to us?

e.g. Reading skills, Editing experience, Computer skills

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Blind and partially sighted people are especially vulnerable. Therefore, we would like the name and address of a person (not a relative) who you are known to and who we could contact for a reference.

Do please obtain their consent to our enquiry. We will take up this reference, and any information obtained will be treated in strict confidence.

**Referee Details**

Name (Mr/Mrs/Miss) …………………………………………………………………………………………………………….

Address …………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………….………………………………………..

……………………………………………………………………………………Post code …………………………………………

Occupation: …………………………………………………………………………………………………..

Home Tel/No ………………………………………………… Work Tel/No ………………………………………………..

**Yourself**

Do you have a criminal record? Yes / No ………………….. Date: ……………………………..

Outline details: ………………………………………………………………………………………………………………………

**General**

All volunteers will be trained with one of our experienced teams.

I wish to be considered as a volunteer for Portsmouth Area Talking News

In accordance with GDPR (Data Protection) I agree to my details being held by PATN as stated in their GDPR Policy.

Signed: ………………………………………….. Print Name: …………………………………………………………………

Date: ………………………………………….