

**Please complete and email to:** Jenny Pitt at

jenny@kingstonmencap.co.uk

(All information provided will remain confidential and in accordance with the Data Protection Act and Kingston Mencap’s Policies & Procedures)

**Online volunteer application form for Kingston Mencap**

**Section A Your details**

Mr/Mrs/Miss/Other Click here to enter text.

 Surname Click here to enter text.

Forenames Click here to enter text.Date of birth Click here to enter text.

(U18 need to complete a parental consent form)

Address Click here to enter text.

Telephone No:Click here to enter text. Mobile No Click here to enter text.

Email address Click here to enter text.

Your hobbies/skills/interests Click here to enter text.

Work phone number Click here to enter text. Email Click here to enter text.

Is there any medical complaint we should know about? Yes [ ]  No [ ]

If YES, please give details Click here to enter text.

Please give details of any regular medicines taken Click here to enter text.

Emergency Contact Name Click here to enter text. Tel no Click here to enter text.

(Please complete in case of illness/accident whilst at a club or on a day outing)

Click here to enter text.

How did you hear about Kingston Mencap?

Click here to enter text.

Are you interested in volunteering at a particular club or project?

Click here to enter text.

Have you done any voluntary work before? Yes [ ]  No [ ]

If YES, please tell us what you have done

Click here to enter text.

Have you any experience working with people with a learning disability? Yes [ ]  No [ ]

If YES, please tell us about it

Click here to enter text.

What would you like to gain from your volunteering experience?

Click here to enter text.

Have you ever completed First Aid Training?

If YES, please tell us about it Click here to enter text.

Have you completed Food Hygiene training?

If YES, please tell us the date Click here to enter text.

Would you be willing to take part in training? Yes [ ]  No [ ]

**NB Midas training is compulsory for drivers**

**Section B Your references**

Please give details of two people (no relation) who can provide a character reference for you. Kingston Mencap will write in confidence to your referees and may follow up with a phone call. These people must have known you for at least 3 years.

Referee 1

NameClick here to enter text.

AddressClick here to enter text.

Tel No: Click here to enter text.

Email Click here to enter text.

Referee 2

NameClick here to enter text.

AddressClick here to enter text.

Tel No: Click here to enter text.

Email Click here to enter text.

 All volunteers need to comply with our Safeguarding Protection Policy and will be required to complete a Disclosure & Barring Service (DBS) check.

Are you agreeable to this? Yes [ ] / No [ ]

DECLARATION
I declare that to the best of my knowledge and belief all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from volunteering. I understand that any offer is subject to satisfactory references and a probationary period and subject to a criminal records check.

Signed: Click here to enter text.Date: [ ]

NB Please use an extra sheet of paper where space is limited