

Please complete and email to: Michelle Kitch at
michelle@kingstonmencap.co.uk
(All information provided will remain confidential and in
accordance with the General 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.](#)

July 2018

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

Name [Click here to enter text.](#)

Address [Click here to enter text.](#)

Tel No: [Click here to enter text.](#)

Email [Click here to enter text.](#)

Referee 2

Name [Click here to enter text.](#)

Address [Click 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