

**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            Surname

Forenames                                Date of birth

(U18 need to complete a parental consent form)

Address

Telephone No:                           Mobile No

Email address

Your hobbies/skills/interests

Work phone number                      Email

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

If YES, please give details

Please give details of any regular medicines taken

Emergency Contact Name                      Tel no

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

How did you hear about Kingston Mencap?

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

Have you done any voluntary work before? Yes ☐ No ☐

If YES, please tell us what you have done

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

If YES, please tell us about it

What would you like to gain from your volunteering experience?

Have you ever completed First Aid Training?

If YES, please tell us about it

Have you completed Food Hygiene training?

If YES, please tell us the date

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

Address

Tel No:

Email

Referee 2

Name

Address

Tel No

Email

All volunteers need to comply with our Safeguarding Protection Policy and will be required to complete a Criminals Record Bureau (CRB) and/or the Independent Safeguarding Authority (ISA)

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:                                          Date:

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