



VOLUNTEER APPLICATION FORM

Thank you for the interest you have shown in volunteering for Richmond Good Neighbours. Please can you complete this form and send it back to the organiser. We will endeavour to get back to you within 5 working days.

Title						
Surname						
First Name						
Address						
Post Code						
Telephone Number	Home:			Mobile:		
Email						
Occupation						
Any disabilities or medical conditions, if applicable						
RGN is committed to equality, diversity, and inclusivity, and we are collecting this data as part of that commitment. It is entirely optional to answer these questions, but it helps us to build a profile of the clients we support.						
Date of Birth		How would you describe your ethnicity?		How would you describe your sexuality?		
Marital Status		How would you describe your religion?		Gender		
Length of time living in Richmond						
How did you hear of RGN?						
Any previous experience of volunteering	Organisation: Start: Finish:					
Type of Help Offered (Befriending, Shopping, Driving)	Monday	Tuesday	Wednesday	Thursday	Friday	AD Hoc
Availability						

Please provide the names of two people who can provide a reference for you. They must not be members of your family and must have known you for three years.

Name:	Name:
Address:	Address:
Tel No:	Tel No:
Email:	Email:
Relationship to you:	Relationship to you:

If you are a driver and volunteering for a transportation role, please complete the following, you can claim petrol expenses, the current mileage rate is 45p which if you do not wish to claim, are you willing to allow us to claim and treat it as a donation.

Number of years' experience:	
Any driving offences (other than parking):	
Insurance cover:	

We cannot take you on until Criminal Record Bureau checks have been carried out.

Explanatory Notes for Volunteers will be emailed.

We have Public Liability Insurance to cover you when acting for us.

I agree Richmond Good Neighbours can hold this personal data to be used only insofar as is necessary to carry out its services. I can withdraw my permission at any time, but in that case, I no longer can volunteer for Richmond Good Neighbours.

Signature:

Date:

RGN USE	
References	
Interview	
Photo	
DBS	
ID Badge	