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 back to the organiser. We will endeavour to get back to you within 5 working days.

Title	
Name, First and Last	
Address	
Telephone Number	**Home:** **Mobile:**
Email	
Occupation	
Date of Birth	
Ethnicity	
Any disabilities or medical conditions, if applicable	
Emergency Contact	**Name:** **Telephone Number:** **Relationship:**
Length of time living in Richmond	
How did you hear of RGN?	
Any previous experience of volunteering	**Organisation:** **Start:** **Finish:**
DBS Number If Available	
Type of help offered (Befriending, Shopping, Transportation and Other)	

Availability, please indicate which days you are available:					
	MON	**TUES**	**WEDS**	**THUR**	**FRI**
AM					
PM					
Are you available weekly or on ad hoc basis?					
Are you available to help at short notice?					

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

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 40p which if you do not wish to claim, are you willing to allow us to claim and treat it as a donation.

Would you be willing to Gift Aid it? If so, would they please sign a Gift Aid form if a UK tax payer.

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:**