

Careplus Volunteer Application Form

Application date:

*If returning this form by post, please send to the Coordinator of Volunteers:
Miranda Suit, Careplus, 30 Cedar Rd, Bromley BR1 3BZ.
Tel: 07930 955398 Email: info@careplusbromley.org.uk*

1. How did you hear about Careplus?

2. Name: Date of birth:

3. Address:

.....
Postcode:

4. Telephone (Landline): (Mobile):

5. Email address:

6. Next of kin – name, relationship and contact details:

.....
7. The names of two people (*not related to you*) who can give you a character reference.

Name: Name:

Address: Address:

.....
Postcode: Postcode:

Telephone: Telephone:

Email address: Email address:

Relationship: Relationship:

8. Do you have use of a car? Yes / No

9. When are you available? Weekdays / Weekends

10. What are you offering to do? Shopping, Driving, Befriending, Gardening, DIY

11. How many hours can you spare per week or per month?

12. Why have you decided to become a volunteer?

13. What would you say are your best qualities as a person?

14. Do you suffer from any condition that could be a risk to our clients?

15. What experience do you have that may be relevant for working with the elderly?

16. What do you hope to gain from volunteering with Careplus?

17. Data Protection

In order to process your application and maintain your relationship with Careplus, we need your permission to handle your personal data. Pls review our Privacy Policy on our website (shown above). We would also like to send you news.

Please tick this box and sign below to confirm your acceptance of our Privacy Policy and to give your permission:

I agree

Signed

Date: