



VINCENTIAN CARE PLUS - VOLUNTEER APPLICATION.

2 Grosvenor Gardens, London, SW1W 0DH

Tel: 0207 730 4254 Email: anner@vincentiancareplus.org.uk

<u>Name:</u>
Tel No:
Mobile No:
Address:
D.O.B. Country of Origin
Email address:

How did you hear about us?

Reasons for Volunteering:

<u>Education:</u> Please give details			
Town	School/College	Year of Attendance	Full or Part-time

Qualifications: Please give details of all educational certificates with dates and grades obtained, plus any additional training.

Languages: Please list those you are familiar with:



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Skills & Interests: Please write about special interests and gifts which you could utilise at VCP.

Referees: Include the names, postal addresses and telephone numbers of **two** people (not relatives) from whom references can be obtained. One must be your most recent employer / school director / support worker / volunteer coordinator.

Name:

Address:

Telephone:

Email:

Position/Relationship:

Name:

Address:

Telephone:

Email:

Position/Relationship:

Do you have any special needs? Yes / No. If yes, please specify.

Are there any points regarding your health we need to be aware of?

Thank you for your information. Please sign below.

Name: _____

Signature: _____

Date: _____



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IN BLOCK CAPITALS

Declarations

Rehabilitation of Offenders Act 1974. **All information will be treated in the strictest confidence.**

Do you have a criminal record? Yes No

If the answer is yes, please use the space below to give details. Having a criminal record will not necessarily prevent you from becoming a volunteer at VCP.

Have you ever received any Police cautions, reprimands and/or final warnings?

Yes No

If the answer is YES, please use the space below to give details.

Please sign to confirm the above information is correct

Name: _____ Signature _____
(In block capitals)

Date: _____

Equal Opportunities Form

The completion of this form is optional, but useful for statistics.

Gender: Male Female

Age Range: 16-24 25-34 35-44 45-54 55-64 65+

Do you have any disability? Yes No

Employment status: Student Unemployed Employed Retired

Self-Employed

Ethnic Group

Bangladeshi Black African Black British

Black Caribbean Black Other Chinese

Indian Pakistani White Other*

If other, please explain: _____

Please name your first language: _____