

# *Romsey and District Information and Support at Home - RADISH*

## VOLUNTEER APPLICATION FORM

We would be grateful if you could supply the following information:

Name (Mr/Mrs/Ms/Miss)  DoB

Address

Home Tel no:

Work Tel no:

Mobile Tel no:

Email:

Would you please supply the names and addresses of two referees (not relatives)

Name

Address

Name

Address

### Rehabilitation of Offenders Act 1974 (Exemption) Orders 1975 & 1986.

The provisions relating to the non-disclosure of criminal convictions do not apply to the voluntary work for which you are applying. Therefore, it is necessary for you to disclose any criminal convictions even of, under the Rehabilitation of Offenders Act they would otherwise be regarded as "spent". Disclosing an offence will not necessarily prevent you from volunteering.

Have you been convicted of any criminal offence at any time?

Yes

No

Do you have any charges pending?

Yes

No

If yes, please give details of the conviction(s), charge(s) and date(s):

Have you been checked by the Criminal Records Bureau?

Yes

No

Please tick the type of help you are prepared to give:

Advocacy	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Committee involvement	<input type="checkbox"/>
Befriending	<input type="checkbox"/>	Help at home	<input type="checkbox"/>	Co-ordinator	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	Information giving	<input type="checkbox"/>	Information gather/record	<input type="checkbox"/>
Collecting pensions etc	<input type="checkbox"/>	Read or write letters	<input type="checkbox"/>	Office work	<input type="checkbox"/>
Dog walking	<input type="checkbox"/>	Shopping	<input type="checkbox"/>	Telephone cover	<input type="checkbox"/>
Emergency response	<input type="checkbox"/>	Support	<input type="checkbox"/>		<input type="checkbox"/>
Family crisis	<input type="checkbox"/>	Visiting at home	<input type="checkbox"/>		<input type="checkbox"/>
Form filling	<input type="checkbox"/>	Social transport	<input type="checkbox"/>		<input type="checkbox"/>
		Fundraising	<input type="checkbox"/>		<input type="checkbox"/>

**Any other skills or experience that may be relevant to assisting others**

**What are your reasons for volunteering?**

**Please indicate your availability - possible/probable**

	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

**Do you want long or short term commitment?**

**Do you want regular or occasional commitment?**

**Any other information:**

Please return to:  
**RADISH**  
**9 Love Lane**  
**ROMSEY**  
**SO51 8DE**  
**Tel: 01794 515126**

**I give permission for the data supplied on this form to be used by the Care Group to further the aims of the group in providing neighbourly support.**

**Date:**

**Signature:**