

# **VOLUNTEER APPLICATION FORM**

## Your details

	ll name:dress:			Date o	f birth	n:		
	one (home):							
	e you? Hearing □			deafened □	hard	of hea	ring 🗆	
<b>Do you drive?</b> Yes □ No □ <b>Do you have a clean driving licence?</b> Yes □ No □ If employed, what is your current occupation?								
Have you any previous experience in working/living with deaf or hard of hearing people?  Yes  No  If so, please give brief details								
Do you have any previous volunteer experience?  Yes □ No □								
If yes, please give brief details								
Please tick the types of volunteer role(s) which particularly interest you:								
	Kitchen Staff – food prepa	ıration		Kitchen - servi	ng			
	Helping out generally			Events Organi	sing			
	No preference			Other:				
How much time can you give to volunteering? (Hrs per week)								

Please turn over

### References

Please give us the names and addresses of two people who have known you for at least two years to whom we may apply for a reference. Please give one personal referee to provide a character reference and one professional referee (e.g. your employer/former employer, doctor, solicitor, rabbi etc.)

Name:	_Name:					
Address:	_Address:					
Phone:	Phone:					
Email:	Email:					
Rehabilitation of Offenders Act 1974/ DBS Check						
Possession of a criminal record will not necessarily prohibit an offer of a volunteering role, but you are asked to disclose on a separate sheet all previous convictions, INCLUDING SPENT CONVICTIONS. All volunteering roles involving contact with service users require a Disclosure and Barring Service (DBS) check.						
Do you have any unspent convictions? Yes lead to senarate sheet of paper and enclose with the	☐ No ☐ If yes, please provide details on a					

### **Declaration**

I understand that any offer of volunteering with JDA is subject to satisfactory references and disclosure and is binding in honour only.

In accordance with the Data Protection Act 1998, I agree that JDA may hold and use personal information about me for volunteering purposes and to keep in touch with me. This information, including that contained within this form, can be stored on either manual or computer files. It will be held securely and only accessed by authorised personnel.

Signature:_	Date:
-	 

#### Please return this form to:

Ann Clements
Jewish Deaf Association
Julius Newman House
Woodside Park Road
London N12 8RP

Tel/text: 020 8446 0502 Fax: 02084457451 Skype: ann.jewishdeaf email: ann@jdeaf.org.uk

www.jdeaf.org.uk