

Office use: Reference 1 received:

Reference 2 received:

Induction Date:



Volunteer Application Form

Your name:

Address (including post code):

Home telephone number:

Mobile number:

Email address:

Date of Birth:

Your occupation:

(1) How did you hear about Kilburn Good Neighbours?

(2) Have you done any volunteering before? If so, please provide details:

(3) What are your reasons for wanting to volunteer with Kilburn Good Neighbours?

You will see from the volunteer role description attached that there are a number of different ways to volunteer with us. Please read through and tick one or more of the following so we can find the role that best suits you and your time:

- (4) Would you like to be:
- A regular befriending volunteer
 - An occasional 'as and when' volunteer
 - A practical help volunteer
 - A wheelchair pushing volunteer

(5) What times and days are you available to volunteer? (e.g. weekday mornings, lunch times or weekends etc). Please be as specific as possible:

(6) Please tick all tasks that you would be enthusiastic to carry out as part of your voluntary role (as many or as few as you like):

<ul style="list-style-type: none">• Befriending• Accompanying to shops• Gardening• Window Cleaning• Reading aloud for those with sight impairment	<ul style="list-style-type: none">• Small DIY-type tasks• Form filling• Wheelchair pushing• Accompanying to appointments• Help with paperwork• 'Dropping in' to check up
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(7) Do you have any hobbies/skills/experience/personal attributes that you could bring to your volunteering with Kilburn Good Neighbours?

(8) Do you speak any languages besides English? If so, which ones?

(9) Do you have any health condition that would affect what you can and cannot do as a volunteer e.g. a bad back, mental health issues or addictions? (Mentioning these will not prevent you from volunteering but will enable us to find the most appropriate role for you).

10) Do you have any criminal convictions or cautions? (please circle)

Yes

No

If your application is successful, you will be required to undertake an online DBS check before commencing your voluntary work in members' homes.

Thank you for taking the time to complete this form. Can you now please sign and date it and return along with the accompanying forms.

I declare that the information given on this form is true to the best of my knowledge and belief.

Your signature:

Date:

**Please return to Kilburn Good Neighbours, Abbey Community Centre,
222c Belsize Road, Kilburn, London NW6 4DJ.**

Tel: 020 7604 4823

Email: KGNeighbours@abbeycc-kilburn.org.uk

Your References

We require the names and contact details of **two** people we may approach to give references for you. We cannot accept family members or partners as referees. If you have been or are in employment, please use an employer as one of your referees. Other suitable referees include college tutors, members of your place of worship, voluntary work supervisors, support workers or social workers. Please try to find people who have known you for over a year.

Referee 1

Full Name:

Address (including post code):

Phone number:

email:

How do you know this person?

How long have you known this person?

Referee 2

Full Name:

Address (including post code):

Phone number:

email:

How do you know this person?

How long have you known this person?

Next steps:

After we have received your completed references we will contact you to arrange a date for you to come to the community centre for an informal interview in order for us to find you a volunteering opportunity to fit in with your requirements and availability. You will then be required to undertake an online DBS check before commencing a visit. When we have found you a person to visit, we will arrange a time to take you for an introduction. Please be aware that inductions and initial introductions will take place during office hours so you will need approximately an hour during the week as a one off.

Equal Opportunities Information Form

Both Kilburn Good Neighbours and the Abbey Community Centre operate a policy of diversity and equal opportunity in the provision of services and recruitment.

All the information you give will be treated in absolute confidence in line with the 1998 Data Protection Act.

Q1 Your Gender (please circle)

Male Female

Q2 Your date of birth is:

Q3 Disability: Do you consider yourself to have a disability e.g. a physical or mental impairment, which has a substantial and long-term adverse effect on your ability to carry out day-to-day activities (please circle)

Yes No

Your ethnic group :

Our ethnic background describes how we think of ourselves. Ethnic background is not the same as nationality or country of birth.

Q4 You are asked to circle the ethnic group that is closest to how you see yourself.

White

- White British
- White Irish
- Any other White background, please specify

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please specify

Chinese or other ethnic group

- Chinese
- Any other group, please specify

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please specify

Black or Black British

- Caribbean
- Somali
- Any other Black African background, please specify
- Any other Black background, please specify