**Darnall Dementia Group**

**Volunteer Application Form**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Previous work experience (paid or voluntary) |  |
| What attracts you to this kind of voluntary work? |  |
| What skills do you feel you have to offer? |  |
| What are your interests? /What do you like to do in your free time? |  |
| Which days of the week/times can you offer? (Note the day Centre is open on Mondays, Wednesdays and Fridays) |  |
| How did you hear about volunteering with Darnall Dementia Group? |  |
| Please tell us about any special needs we need to be aware of in order to help make your volunteering experience a success |  |
| Is there anything you would like to add? |  |



Please share with us the names and contact details of two referees that we can ask about your suitability for the role:

|  |  |  |
| --- | --- | --- |
| Name of referee |  |  |
| Organisation |  |  |
| How do you know them? |  |  |
| Email address |  |  |
| Telephone number |  |  |

|  |  |
| --- | --- |
| Contact details for someone we can call if you are involved in an emergency |  |

All volunteers need to undergo a Disclosure and Barring check – are you happy to proceed with that? **YES/NO**

All volunteers will be invited to take part in Dementia training sessions (online or in person) - are you happy to do that if the timings are convenient? **YES/NO**

All volunteers need to be up to date with Covid vaccinations and boosters – are you fully vaccinated? **YES/NO**

I confirm the above information is correct:

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

Please return this form to darnalldementia@yahoo.com or hand in to the Dementia Day Service Co-ordinator or Service Manager or post to: Service Manager, Darnall Dementia Group, Lightwood House, Lightwood Lane, Sheffield, S8 8BG