



Dementia-friendly Alton



Volunteer Registration Form

Please complete and return to Dementia-friendly Alton, c/o Alton Community Centre,
Amery Street, Alton, Hants., GU34 1HN

Name:..... D.O.B:.....

...
Address:.....

Phone

Number:..... Email:.....

Emergency Contact Person / Contact Number

Present / Previous volunteer experience:

Do you have a current DBS Yes / No If YES – Date of Expiry :.....

List any Skills / Training / Experience relevant to this role:

Do you have any health restrictions or limitations relevant to the volunteering role?:

Do you have any areas of interest as a volunteer for Dementia-friendly Alton?:

Present / past employer:..... Retired: Yes / No

Occupation:



Dementia-friendly Alton



Please provide two personal references (not relatives)

Name _____ Name _____
Address _____ Address _____

Telephone _____ Telephone _____

Times available for volunteering – please tick / makes notes for all that apply:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							
EVE							

1. I hereby agree I will not disclose any information concerning individuals receiving services from Dementia-friendly Alton (DFA). I understand that all personal information is confidential and is intended only for the use of DFA in accordance with Privacy Policy and Safeguarding Policy
2. I hereby agree that I will not disclose information related to other volunteers that I may come into contact with as per Data Protection Policy.
3. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily.
4. I agree to abide by the guidelines of the role outlined in the Volunteer Policy

Signature: Date :.....

Reference check acceptable: Yes / No Reference checklist(s) attached

Initial role for volunteer:

Date scheduled for induction training:

Date scheduled for other training (specify topic / date):