



## **VOLUNTEER APPLICATION FORM**

### **Personal Details**

Name:

Address and postcode:

Telephone Number/Mobile:

Email Address:

Do you have a current DBS check in place?

If yes, what date?

If not, we can arrange this for you at a cost of £15.00, please tick to confirm you are happy to pay this:

As part of your volunteering role, we ask that you complete the Safeguarding Adults (face-to-face training or workbook), Safeguarding Children (online) and Prevent (online) training within 3 months of commencement of your role, please tick to confirm you are happy to do this:

Contact details in case of emergency :

Name:

Telephone Number:

Relationship:

### **Relevant Experience/Personal Qualities applicable to this role:**

### **Availability:**

Which days were you thinking of volunteering, for how long and how frequent?

In case of emergency and as part of the **DENSHOLME CARE FARM** responsibility to its staff, ALL staff are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

Next of kin:	Relationship:	Mobile phone:
Doctor's name:	Surgery:	Doctor's phone number:
Do you have any allergies, for example medication/food/animals	Yes/No If Yes, please state details:	
Are you taking any regular medication?	Yes/No If Yes, for what reason:	
Do you have any long term illnesses or injuries?	Yes/No If Yes, please state details:	
Please confirm you are able to supervise yourself and others	Yes/No/Not Sure	
Please confirm that you have good social and interaction skills and can deal with potentially difficult/sensitive situations	Yes/No/Not Sure	

DECLARATION: I consider myself to be physically and psychologically fit and capable of full participation and agree to notify **DENSHOLME CARE FARM** of any changes to the medical information provided. Furthermore, in the event of injury I give my permission for the staff appointed by **DENSHOLME CARE FARM** to obtain emergency medical treatment for me.

Signed:	Date:

**References:**

Please give names and addresses of 2 people (not relatives) who are willing to act as referees for you. One of these must be from when you have worked with children, young people or vulnerable adults.

Name:	Name:
Email:	Email:
Address:	Address:
Tel No:	Tel No:

**You will not be able to commence employment until references are taken up and are satisfactory**

Please return completed form to [admin@denscholmefarm-action.co.uk](mailto:admin@denscholmefarm-action.co.uk) or for the attention of Sally Abrahams, Admin Officer, Densholme Care Farm, Hull Road, Great Hatfield, HU11 4UX.