



VOLUNTEER APPLICATION FORM

Your details

Full name: _____ Date of birth: _____

Address: _____

Phone (home): _____ mobile: _____

Email: _____

Are you? Hearing Deaf deafened hard of hearing

Do you sign? Yes No BSL level _____

Do you drive? Yes No Do you have a clean driving licence? Yes No

Does your car insurance include business use? 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:

- | | |
|--|--|
| <input type="checkbox"/> Participating in events and outings | <input type="checkbox"/> Working with groups |
| <input type="checkbox"/> Helping a member of staff as an assistant | <input type="checkbox"/> Using creative skills |
| <input type="checkbox"/> Administration volunteer | <input type="checkbox"/> Volunteer driver |
| <input type="checkbox"/> Working one-on-one with a single client | <input type="checkbox"/> Mail-outs |
| <input type="checkbox"/> Access & Inclusion volunteer | <input type="checkbox"/> Volunteer Technician |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No preference |

How much time can you give to volunteering? (Hrs per week) _____

What is your availability? _____

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 No If yes, please provide details on a separate sheet of paper and enclose with this application.

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:

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

Tel/text:02084460502

Fax:02084457451

email: mail@hearingconnect.org.uk
www.jewishdeaf.org.uk