

VOLUNTEER APPLICATION FORM

Office Use Only

Date Received		Location	
Volunteer Type		EOP No.	
Interview		Cafe Allowance	
Accepted		Travel Allow-	
Day		Start Date	
Hours		H & S Induction	

SECTION ONE - PERSONAL DETAILS

Title (eg. Mr) _____ Forename _____ Surname _____

Home Address _____
Postcode _____

Daytime Tel. _____

Evening Tel. _____ Date of Birth ____ / ____ / ____

Mobile Tel. _____

Email. _____

Applicant Photo—Please Provide.

If you attend school or college, or were referred to the Farm by another type of Organisation, please name it: _____

Is this Organisation, or your Home Address, within:

- London Borough of Merton
 Neighbouring Borough*
 Elsewhere

Contact in case of Emergency

Name: _____

Relationship To Applicant _____

Daytime Tel. _____

Mobile Tel. _____

*Croydon, Wandsworth, Lambeth, Richmond, Kingston or Sutton

SECTION TWO - HEALTH & REASONS FOR VOLUNTEERING

Do you have any health problems or disabilities? (Please circle) Yes / No

If you answered “Yes”, please give details (or use tick boxes). We know that people have different needs & requirements; we therefore ask you to share with us anything that will allow us to give you maximum support.

- | | | | |
|--|-------------------------------------|--|---|
| _____ | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> ME |
| _____ | <input type="checkbox"/> Bad back | <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Physical disabilities- |
| | <input type="checkbox"/> Depression | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Sensory disabilities |
| Have you had a tetanus immunisation within the last 10 years? (Please circle) Yes / No | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Other mental health issue (please specify) |
| | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Mood swings | |

Why do you want to volunteer at the Farm?

What skills would you bring to the Farm?

SECTION THREE - AVAILABILITY

We are obliged to our funders to run a structured Volunteer Programme and volunteers must keep their attendance to a set time each week. Please indicate when you would want to attend the Farm. You will then be allocated a mutually suitable time and day when you can volunteer.

Where on the Farm do you want to work? (Please circle. Indicate preference if more than one is circled)

- Farm Stables Cafe
 Garden Maintenance Shop

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
AM	Closed						
PM	Closed						

I would prefer a (Please circle) Full Day / Half Day

SECTION FOUR - DECLARATION OF CRIMINAL CONVICTIONS

This section need not be completed by those under the age of 16.

Under the Rehabilitation of Offenders Act (Exceptions) Order 1975 and the ROA (Exceptions) (Amendment) Order 1986, we ask you to declare spent convictions.

Please tick the appropriate box:

- I have no criminal convictions, bind-over orders or cautions either spent or unspent.
- I have a criminal conviction/bind-over/caution as detailed below:

Date(s)	Nature of conviction(s)	Sentence(s)	Notes

SECTION FIVE - REFERENCES

This section need not be completed by those under the age of 18.

Please provide the details of two referees who are not family members. Typical examples are previous employers, referring organisations (eg. Volunteer bureaux) or medical agencies. Deen City Farm reserve the right to take up references in line with its Child Protection Policy and Volunteer Policy.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel. No:	Tel. No:
Capacity known to you:	Capacity known to you:

SECTION SIX - EQUAL OPPORTUNITIES POLICY

Deen City Farm operates a Equal Opportunities Policy. You are not obliged to answer the questions on the attached sheet but your assistance will help the Farm monitor its accessibility to all users in the Community.

This information is kept separately from you application for voluntary work at Deen City Farm.

SECTION SEVEN - DECLARATION

I give my explicit consent to the information given on this form being:

- (a) held on file/transferred to computerised database
- (b) used for the purposes of volunteering at Deen City Farm

Signed: _____ Date: _____

Please return this form to:
*The Volunteer Co-Ordinator
 Deen City Farm
 39 Windsor Avenue
 London SW19 2RR*