



VOLUNTEER APPLICATION

Support through COVID-19 crisis.

Please return To: **Jan Empett**
Romney Marsh Day Centre
Sunflower House
Rolfe Lane
New Romney
Kent TN28 8JR

Email: covid-19@rmdc.org.uk

PLEASE NOTE WE WILL CONTACT YOU FOLLOWING RECEIPT OF SUCCESSFUL REFERENCES

Personal Details

Title	Surname	First name(s) (underline the one you are known by)

Home address

Post code

Telephone Number

Mobile Number

E-mail

This is now required for DBS completion online.

Nationality

Do you hold a full UK driving licence? YES/NO

Your position is subject to a check with Disclosure Barring Service, do you hold any previous or current criminal convictions YES/NO (If yes please give reasons).

If you already have a DBS please state the number

Please advise on what you will be able to offer support with. (please tick)

- Weekday Delivering meals (11.45am – 1.45pm)
- Weekends Delivering meals (11.45am – 1.45pm)
- Shopping
- Collecting prescriptions
- Dog Walking
- Telephone befriending
- Telephone Welfare checks
- Deep clean of the centre (if required)

Referees

WE CANNOT CONTINUE WITH YOUR APPLICATION WITHOUT THIS SECTION COMPLETE WITH TWO REFERENCES, PLEASE NOTE THEY MUST HAVE KNOWN YOU FOR AT LEAST TWO YEARS AND CANNOT BE FAMILY.

Referee one

Referee two.

Name

Name

Position

Position

Address

Address

Telephone

Telephone

Email:

Email:

TO CONTINUE WITH YOUR APPLICATION, WE WILL APPLY FOR YOUR REFERENCES IMMEDIATELY

Do we have your permission to contact these referees? Yes **No**

Declaration

The statements made on this form are true. I understand any false statements may jeopardise my application and may lead to an offer being withdrawn.

Signed Name (please print)

.....Date.....

Please tick if application returned by

POST	
EMAIL	
HAND DELIVERED	

WE THANKYOU FOR YOUR OFFER OF SUPPORT THROUGH THIS DIFFICULT TIME.

For office use only

Date Application received.....

Date References

Sent.....

Date of Position offer.....

If no give Reason.....

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Date DBS applied If required.....

Start Date

Other Comments.....

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Authorised Signature.....

Name.....Date.....