



Aphasia Re-Connect

Registered Charity No: 1176125
www.aphasiareconnect.org
Email: info@aphasiareconnect.org

Application for voluntary work

Please print clearly in black ink

Voluntary Position applied for (please tick below):

- Communication Support Volunteer
Media team
Fundraising
Other

Title:	Surname:	Forenames:
Address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Post code:	E-mail:	

Employment History (paid work, including voluntary work)

Previous and present employer	Position held	From	To
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Details of any Volunteering

Continue on separate sheet if necessary

Please give details of interests or hobbies:

Skills /qualities you can bring as a volunteer:

Why are you interested in Volunteering?

How did you hear about Aphasia Re-Connect?

Date you can begin voluntary work for Re-Connect:

Please tick times you are available to volunteer:	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

References

Please give all relevant details of **two independent employment/voluntary referees** (not relatives), both of whom have agreed to provide a written reference for Connect and confirm the email address to avoid any delay in your application.

Full Name:

Full Name:

Occupation:

Occupation:

Relationship to you:

Relationship to you:

Telephone:

Telephone:

Email:

Email:

Address

Address:

Convictions

Have you ever been convicted of a criminal offence, including a spent conviction? YES/NO

If YES, please give details:-

(The Rehabilitation of Offenders Act 1974 requires you to reveal unspent convictions when working with vulnerable clients although disclosure will not necessarily prevent you from becoming a volunteer.)

Disability

Do you consider yourself to have a disability? YES/NO

If yes, please give details:-

How can we assist with any special needs to enable you to attend interview or carry out your duties?

Sign and date the declarations below:

I declare that the information given by me, to the best of my knowledge, is true and complete.

I agree to this information being kept confidentially by Aphasia Re-Connect under the Guidelines of the Data Protection Act.

NAME BLOCK CAPITALS

SIGNED

DATE

This application is for voluntary work only. Neither of us intends any employment relationship to be created either now or at any time in the future.

Please return to Sally McVicker, Aphasia Re-Connect, sally@aphasiareconnect.org

Or call Sally on 07885 288 943 if you have any queries