



Affiliated to Royal Mencap Society

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<http://www.dgsmyourchoice.org.uk>
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VOLUNTEER APPLICATION FORM

Personal Details (use block letters)

Surname	<input type="text"/>	Mr/Mrs/Miss/Ms	
Forenames	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	National Insurance No.	<input type="text"/>
Post Code	<input type="text"/>		
Tel. No. Home	<input type="text"/>	Daytime	<input type="text"/>
Maiden Name	<input type="text"/>	Marital Status	<input type="text"/>

Do you hold a current driving licence? **Yes/No** **Do you own a car?** **Yes/No**
Are you a registered disabled person? **Yes/No**

If yes give nature of disability, registration number and expiry date

Have you ever been convicted of a criminal offence, cautioned or been the subject of a conditional discharge or probationary order? **Yes/No**

If yes please give details(Use separate sheet if necessary)

Rehabilitation of offenders Act 1974

Please note that the position you are applying for is exempt from the Rehabilitation of Offenders Act 1974. You should therefore disclose if you have any convictions or cautions for criminal offences. Spent convictions must be disclosed as checks against police records will be made (Read attached note).

PART 2

How did you find out about DGSM yourChoice?:

Please tell us about yourself and about your interests and why you would like to become a volunteer with us?

REFEREES

Please give the names and addresses of two person to whom we can apply for references.

Name	Occupation	Address and Telephone Number
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