

4. **Volunteering Opportunities:** We have a wide variety of volunteering opportunities (refer to the information sheet). Please state which you might be interested in:

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5. **When are you available to volunteer?** Please indicate which days of the week and whether morning, afternoon and/or evening:

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6. **Referees:** We require **two references**, one of which **must** be from a professional, e.g., doctor; solicitor; etc., or organisations you have previously worked for or assisted in a voluntary capacity. **We are unable to accept references from relatives and/or friends.**

a) Name:

b) Name:

Address:

Address:

Tel. No:

Tel. No:

In what capacity do you know this person? In what capacity do you know this person?

.....

7. **Declaration of Criminal Records:** The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) provides that in certain circumstances the Act does not apply to those who may be working with vulnerable groups. A declaration of any criminal records should be made and 'spent' offences must be declared.

Have you ever been convicted of a criminal offence or made subject to an order under the Mental Health Acts (Section 41)? Yes No If Yes, please give details:

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8. **Health:** Is there anything we need to know regarding your health which you think may affect the types of volunteer duties you can do? Yes No If Yes, please state:

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9. **Where/how did you hear about Age Concern Waltham Forest?**

10. **I wish to apply as a volunteer and confirm that all the information given is correct.**

Signature Date

Please tick the box if you do **not** wish to receive further information about ACWF services.