



CROSSROADS

CARE KENT

working in partnership with

MACMILLAN

CANCER SUPPORT

Volunteer Application Form

PERSONAL DETAILS

NAME:

ADDRESS:

TELEPHONE:

AND / OR MOBILE:

EMAIL:

DO YOU HOLD A FULL DRIVING LICENSE?

YES

NO

DO YOU HAVE ACCESS TO A CAR?

YES

NO

EMERGENCY CONTACT DETAILS

NAME:

RELATIONSHIP:

ADDRESS:

TELEPHONE:

AND / OR MOBILE:

EMAIL:

EMPLOYMENT STATUS

PAID EMPLOYMENT:

JOB SEEKER:

RETIRED:

STUDENT:

CARER / SUPPORTER:

PLEASE FEEL FREE TO GIVE BRIEF DETAILS BELOW:

VOLUNTEER ROLES

PLEASE INDICATE WHICH VOLUNTEER ROLES INTEREST YOU BY TICKING THE RELEVANT BOXES:

PROVIDING COMPANY:

TRANSPORT TO HEALTH APPOINTMENTS:

LIGHT HOUSEWORK:

LIGHT GARDENING:

TELEPHONE SUPPORT:

YOUNG CARERS CLUB:

COGS DEMENTIA CLUB:

TRAINEE COUNSELLOR 100-HOUR PLACEMENT:*

* IF YOU ARE INTERESTED IN THE TRAINEE COUNSELLOR PLACEMENT, PLEASE STATE YOUR TRAINING PROVIDER:

A LITTLE BIT MORE ABOUT YOU

WE SOMETIMES NEED HELP SUPPORTING CLIENTS NOT FLUENT IN ENGLISH.
IF YOU CAN SPEAK MORE THAN ONE LANGUAGE, PLEASE STATE ADDITIONAL
LANGUAGES AND LEVELS OF FLUENCY BELOW:

WHAT ARE YOU HOPING TO GAIN FROM VOLUNTEERING WITH US?

DO YOU HAVE ANY CONVICTIONS, CAUTIONS, REPRIMANDS OR FINAL WARNINGS
THAT ARE NOT 'PROTECTED' AS DEFINED BY THE REHABILITATION OF OFFENDERS ACT 1974
(EXCEPTIONS) ORDER 1975 (AS AMENDED IN 2023)?

YES

NO

DO YOU CURRENTLY HOLD A DBS CERTIFICATE THAT STATES 'NONE RECORDED'
AGAINST THE ADULTS BARRED LIST SECTION OF THE DBS FORM?*

YES

NO

*IF YES, PLEASE PROVIDE DETAILS OF THE DBS BELOW:

DBS CERTIFICATE NUMBER:	
DATE OF ISSUE:	YOUR DATE OF BIRTH:

DUE TO THE POTENTIALLY VULNERABLE NATURE OF OUR CLIENT BASE, WE ASK THAT YOU PROVIDE TWO REFERENCES AS PART OF YOUR VOLUNTEER APPLICATION.

YOUR REFEREES SHOULD:

- ✓ HAVE KNOWN YOU FOR TWO YEARS – IF YOU HAVE BEEN IN EMPLOYMENT IN THE LAST 5 YEARS, ONE OF YOUR REFERENCES MUST BE YOUR LAST EMPLOYER.
- ✓ NOT BE A RELATION OR PARTNER.

SUITABLE REFERENCES INCLUDE A TEACHER / TUTOR, SOCIAL WORKER, RELIGIOUS LEADER, DAY CENTRE STAFF OR PREVIOUS VOLUNTEER MANAGER.

REFERENCE 1:	
NAME:	
ADDRESS:	
ORGANISATION:	OCCUPATION:
TELEPHONE:	AND / OR MOBILE:
EMAIL:	RELATIONSHIP TO YOU:
REFERENCE 2:	
NAME:	
ADDRESS:	
ORGANISATION:	OCCUPATION:
TELEPHONE:	AND / OR MOBILE:
EMAIL:	RELATIONSHIP TO YOU:

I the undersigned declare that all the information I have given on this application form is true and accurate, to the best of my knowledge. I agree to abide by the rules and uphold the values and expected behaviours of Crossroads Care Kent and understand that providing untrue or inaccurate information may invalidate my volunteer placement with immediate effect.

SIGNED:

DATE: