**DIAL SOUTH ESSEX**

 **The Beehive, West Street, Grays Essex RM17 6XP**

**TEL: 0333 366 1045 MOBILE: 07786 088538**

**E-MAIL:** **enquiries@dialsouthessex.co.uk**

**WEB SITE** [**www.dialsouthessex.co.uk**](http://www.dialsouthessex.co.uk)

**Personal Details**

Full Name

Address

Postcode Email

Home Tel Mobile Tel

Preferred contact method

Do you have a full driving licence Yes No

Do you have access to a vehicle Yes No

Are you willing to drive Yes No

**Volunteer Information**

Date available to start volunteering

Please tell us about any experiences, education, training and skills that you have.

How did you hear of DIAL?

Do you consider yourself as disabled? Yes No

What is the nature of your disability?

Is there anything else you would like to tell us about yourself (including any particular interests or hobbies that you have)?

**Referees**

Please name two people who we can contact for references; If possible one should be from a current or former employer. a teacher, professional, or a person in authority.

Name

Address

Email

Tel

In what capacity do they know you?

Name

Address

Email

Tel

In what capacity do they know you?

**Declarations**

As we work with vulnerable people we need you to have an Enhanced Disclosure and Barring Check

Do you agree to have a Disclosure & Barring Check Yes No

If accepted as a volunteer you will be required to undertake internal and external training courses and to attend a bi-monthly training meeting

Do you agree Yes No

If no to either question we will not be able to offer you a position as a volunteer.

In accordance with the Data Protection Act 1998, the information provided on this form will be used in the recruitment and selection of volunteers and may be disclosed to all those who need to see it. It will also form the basis of the confidential volunteer record.

If you need the form in a different format or need help filling it in, please ask a staff member

Signature Date