



Volunteer Application Form

Name:	
Address:	
Postcode:	
Tel no:	Mobile:
Email Address:	
Service/role interested in volunteering with:	
Please provide a brief overview of previous work and/or volunteer roles:	
Please provide a brief overview of your skills, hobbies and interests:	
Please explain why you would like to volunteer with Alzheimer's and Dementia Support Services:	

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Please provide details of availability (days/times/frequency):	
Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act.)	Yes / No
If yes, please give brief details.	
Date and Type of Covid Vaccinations:	
Please provide details of two references (cannot be a family member)	
Name:	Name:
Address:	Address:
Phone number:	Phone number:
Email:	Email: