

## **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:	
	JPH - L - L L P L P - L L -
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:	

Updated 8.8.22 Version 4



## **Volunteer Application Form**

Please provide details of availability (days/times/frequency):	
Have you ever been convicted of a criminal offence? Yes / No	
(Declaration subject to the Rehabilitation of Offenders Act.)	
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:

Alzheimer's & Dementia Support Services, Safeharbour, Coldharbour Road, Northfleet, Kent DA11 8AE
Alzheimer's & Dementia Support Services is a registered Charity No.1173379 and is a registered company limited by guarantee in England & Wales Company No. 10690071

Updated 8.8.22 Version 4