



Ashmere Derbyshire
90 Glass House Hill, Codnor, Ripley, DE5 9QT
Tel: 0845 602 2059 **Fax:** 01773 749259
Web: www.ashmere.co.uk

Volunteering Application

Date of Application:

PERSONAL INFORMATION	
Title	
Surname	
Forenames	
Address	
Postcode	
Telephone Number	
Mobile Number	
Email Address	
Date of Birth	
National Insurance Number	
Nationality	

VOLUNTEERING
<i>Please let us know which Ashmere homes you are interested in volunteering at & what sort of volunteering opportunities you are interested in.</i>

HOBBIES & INTERESTS



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REFERENCES

In order to protect the interests of our residents, we need to ask you to provide details of two referees who are not directly related to you by blood or marriage and have known you for at least two years.

	Referee 1	Referee 2
Name		
Address		
Postcode		
Telephone Number		
Email Address		
How do you know this person?		

TRAINING

All our volunteers are able to attend training at Ashmere free of charge. Please state what training you would be interested in attending.

If yes, please tell us what days you will be available to attend training.

1	Health & Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Fire Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Moving & Handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Safeguarding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Emergency First Aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

CRIMINAL CONVICTIONS

If yes, give full details. A prior or pending criminal conviction may not prevent you from volunteering but failure to disclose relevant information will result in immediate dismissal. (if necessary use a separate sheet)

Do you have any criminal convictions or any pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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Declaration

- I confirm that the above information is complete and correct.
- I hereby give my consent to the company processing the data supplied on this application for the purpose of volunteering recruitment.

Signed: Date:

Printed:

Please return the completed form to:

FAO Sophie Porter, Ashmere Derbyshire, 90 Glass House Hill, Codnor, Ripley, DE5 9QT

COMPANY USE ONLY	
Date CRB Sent Off	
Form Number	
CRB Disclosure Number	
CRB Disclosure Date	
Volunteering Day	
Induction Complete	Yes <input type="checkbox"/> No <input type="checkbox"/>
ID Card Issued	Yes <input type="checkbox"/> No <input type="checkbox"/>