



Volunteer Application Form

Barnet Mencap, 35 Hendon Lane, Finchley, London N3 1RT
Tel: 020 8349 3842 Email: projectsupport@barnetmencap.org.uk

PLEASE COMPLETE BOTH SIDES

Name:

Address:

Tel (day):

Tel (evening):

Email:

Occupation:

How did you hear of Barnet Mencap?

Have you any previous experience of people with a learning disability? YES NO

If YES please tell us what :

How could you help? (see our Volunteering leaflet)

When are you available? Evenings Day time Weekends

Please give details of two referees (not related to you)

Name:

Name:

Address:

Address:

Tel (day):

Tel (day):

Email:

Email:

Occupation:

Occupation:

Relationship to you:

Relationship to you:

How many years have you known this referee?

How many years have you known this referee?

Less than 1 year 1-2 years More than 2 years

Less than 1 year 1-2 years More than 2 years

Have you been convicted of, or currently being charged with, a criminal offence? YES NO

(a conviction may not necessarily be a barrier to becoming a volunteer)

PLEASE COMPLETE BOTH SIDES

Personal statement

Please tell us why you would like to become a volunteer with Barnet Mencap.
Continue on a separate sheet if necessary

Signed:

Date:

Data protection. In making your application your signature shall also be your consent to the collection, holding and use by Barnet Mencap of your personal data for the purposes of administration.

Please tick the box if you do not wish to receive further information about Barnet Mencap's services and do not agree that such information may be used by and shared with other relevant organisations in the course of carrying out our work

Please complete the enclosed monitoring form