

Volunteer Details

First Name		Home Phone	
Last Name		Mobile Phone	
Flat House #		Email	
Address		Best Method	
City		Gender	
Post Code		Date of Birth	
How did you hear about us?			

Next of Kin / Emergency Contact

First Name		Home Phone	
Last Name		Mobile Phone	
Relationship		Email	

About You

Please tell us what makes you tick, your interests, hobbies, etc.

Please tell us about your motivation for volunteering with FGN

Is there any other information you would like to tell us?

Ethnicity (tick one) – non-mandatory question

- | | |
|---|--|
| <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Mixed White and Black Caribbean |
| <input type="checkbox"/> Black or Black British African | <input type="checkbox"/> Mixed White and Black African |
| <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Mixed White and Asian |
|
 | |
| <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Arab or Arab British |
| <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> Any other Ethnic Group |
| <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asian or Asian British Chinese | |
|
 | |
| <input type="checkbox"/> White British | |
| <input type="checkbox"/> White Irish | |
| <input type="checkbox"/> White Welsh | |
| <input type="checkbox"/> White Gypsy, Roma, or Irish Traveler | |
| <input type="checkbox"/> Any other White background | |

Disability (tick one) – non-mandatory question

- | | |
|--|--|
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Mental health problem |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Long-term health problems |
| <input type="checkbox"/> Sensory impairment | <input type="checkbox"/> Other |

If other, please describe:

Can you volunteer with and / or use the following:

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Lifts | <input type="checkbox"/> Stairs |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Smokers |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |

Tasks / Volunteer Options – (please tick). We will contact you based on your answers and availability.

Gardening / Decorating / DIY

- ☐ Gardening - weekdays during the day with our gardener
- ☐ Adopt a Garden – take care of a neighbour’s garden on a regular basis
- ☐ Decorating – weekdays with our decorator
- ☐ DIY – tasks for our beneficiaries

Support in the Community

- ☐ Befriending – befriending a beneficiary by telephone or in person
- ☐ Silver clubs – Tuesdays from 1pm, rotated around local pubs / restaurants
- ☐ Lunch clubs – Wednesdays and Sunday from 1pm-4pm
- ☐ IT Support and Digital Inclusion Project

Good Neighbour Scheme

- ☐ Errands – newspaper / medication delivery, etc.
- ☐ Grocery shopping
- ☐ Wheelchair pushing
- ☐ Escorting

Other Volunteering

- ☐ Events- representing FGN, distributing leaflets, etc.
- ☐ Office support
- ☐ Fundraising
- ☐ Marketing

Availability

	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							
EVE							

References (must not be a relative)

Reference 1

Name		Home Phone	
Address		Mobile Phone	
Post Code		Email Address	
Relationship		Best Method	

Reference 2

Name		Home Phone	
Address		Mobile Phone	
Post Code		Email Address	
Relationship		Best Method	

Rehabilitation of Offenders Act 1974

The provisions of the Rehabilitation of Offenders Act regarding non-disclosure do not apply due to this kind of work. You must disclose details of any convictions made in a court of law or otherwise and what the nature of the offence was.

☐ None, if none, please check

If any, please describe	
--------------------------------	--

Our GDPR Volunteer Privacy Notice can be provided on request.

☐ I agree to receive a monthly newsletter from FGN by email. You can unsubscribe at any time.

Signed by Applicant:	
Date:	