



Volunteer Application Form

(Please type or use block letters)

Please return by email, post or in-person to:

Fulham Good Neighbours, Rosaline Hall, 70 Rosaline Road, London, SW6 7QT

First name:

Surname:

Mr/Mrs/Ms/Miss

Basic details

Flat / house number:

Address:

City: LONDON

Postcode:

Home phone:

Work phone:

Mobile:

Email address:

Gender: Male / Female

Date of birth:

How did you hear about us?

Next of kin

Name:

Relationship:

Address:

City:

Country:

Postcode:

Home phone:

Work phone:

Mobile:

Email:

Tasks (tick any that you can commit doing. We will contact you based on your answers and it is important that we understand your availability correctly)			
Volunteering directly with older/disabled people:			
Befriending		Adopt a Garden (taking care of a neighbour's garden on a regular basis)	
Correspondence/Forms		Fulham Lunch Club (Wednesdays 1PM-4PM)	
Domestic		Fulham Sunday Afternoon Tea (1 st and 3 rd Sunday of the month 3PM-5PM)	
DIY		Respite	
Errands		Shopping	
Escorting		Transport	
IT Support and Digital Inclusion Project		Wheelchair pushing	
Pet care		Decorating (weekdays day time only together with our decorator)	
Silver Club at The White Horse (3 rd Tuesday of the month 11:45-15:30)		Gardening (weekdays day time only together with our gardener)	
Volunteering in our office:			
Events (representing FGNS, distributing leaflets)		Office Volunteering	
Parsons Green Fair Online Marketing Volunteer (Wednesdays office hours)			

If you selected befriending, could you please tell us a bit about your own interests and hobbies?

Availability (tick any)	
Weekdays	
Evenings	
Weekends	

2. Name:

Relationship:

Address:

City:

Country:

Postcode:

Home phone:

Mobile:

Email address:

Any other information, including your motivation and reasons for volunteering:

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.

If none, please state none.

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

I do not agree to receive a monthly newsletter from FGNS by email.

Signed:

Date:

Interviewed by:

Notes: