

Email:

Volunteer Application Form (Please type or use block letters)

Please return by email, post or i Fulham Good Neighbours, Rosa	-	oad, London, SW	/6 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:

Tasks (tick any that you can commi	it doing. We will contact you based on
your answers and it is important th	nat we understand your availability
correctly)	
Volunteering directly with older/di	sabled 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 (1st and
	3 rd Sunday of the month
	3PM-5PM)
DIY	Respite
Errands	Shopping
Escorting	Transport
IT Support and Digital	Wheelchair pushing
Inclusion Project	
Pet care	Decorating (weekdays
	day time only together
	with our decorator)
Silver Club at The White Horse	Gardening (weekdays
(3 rd Tuesday of the month	day time only together
11:45-15:30)	with our gardener)
Volunteering in our office:	
Events (representing FGNS,	Office Volunteering
distributing leaflets)	
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	

Ethnicity (tick one) – non mandator	y question:			
White British	Asian or Asian British Bangladeshi			
White Irish	Mixed White and Black Caribbean			
Any other White background	Mixed White and Black African			
	Mixed White and Asian			
Black or Black British Caribbean	Any other mixed background			
Black or Black British African				
Any other Black background	Chinese			
	Any other			
Asian or Asian British Indian				
Asian or Asian British Pakistani	Not stated			
Any other Asian background				
Disability (tick any) – non mandato	ry question:			
Learning disability	Sensory impairment			
Learning disability	Sensory impairment			
Long term health problems	Physical disability			
Mental health problem	Other			
Languages spoken (other than Englis	sh):			
Can you volunteer with and/or using the following:				
Lifts: yes / no				
Stairs: yes / no				
Pets: yes / no				
Smokers: yes / no				
Male / female / either				
References (must not be a relative)				
1. Name:	Relationship:			
Address:				
City:	Country: Postcode:			
Home phone:	Mobile:			
Email address:				

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 197	4			
	details of any convictions	ng non-disclosure do not apply due to s made in a court of law or otherwise		
I agree to receive a monthly new	vsletter from FGNS by em	ail. You can unsubscribe at any time.		
I do not agree to receive a mont	hly newsletter from FGNS	5 by email.		
Signed:				
Date:				
Interviewed by:				
Notes:				