

**MAECare**  
**57 Cranmer Bank**  
**Leeds LS17 5JD**  
**Tel: 0113 266 0371**  
**e-mail: [info@maecare.org.uk](mailto:info@maecare.org.uk)**



***RECORD OF VOLUNTEER DETAILS***

In Confidence:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Tel no \_\_\_\_\_

E mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you a car owner/driver? \_\_\_\_\_

Please tell us why you are interested in volunteering:

\_\_\_\_\_  
 \_\_\_\_\_

Tell us about your interests and skills that might support your volunteering.

\_\_\_\_\_

What kind of work would you like to do? (please tick)

Visiting older people in their homes	<input type="checkbox"/>	IT/Publicity	<input type="checkbox"/>
Transporting people in your own car	<input type="checkbox"/>	Assisting with a group, outings and events	<input type="checkbox"/>
Delivering newsletters	<input type="checkbox"/>	Wheel chair pushing	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	office/reception	<input type="checkbox"/>
Mental Health Champion	<input type="checkbox"/>		<input type="checkbox"/>

How often could you serve with Moor Allerton Elderly Care?

once a week       two or three times a week   
 once a fortnight       once a month

What days and times are definitely NOT suitable for you?

\_\_\_\_\_

In the space provided please give a summary of past paid employment and voluntary work:

Please give names, addresses and telephone numbers of 2 referees and say how they came to know you. They should not be relatives.

Name _____	Name _____
Address _____ _____	Address _____ _____
Tel No _____	Tel No _____
Relationship _____	Relationship _____

Have you ever had any Criminal Convictions or Police Cautions?  
If so, please give details, dates etc. A Disclosure and Barring Service Check may be necessary for some roles.

\_\_\_\_\_

**DECLARATION:** I declare that the details given on this form are true and that I have not withheld any information which might bar me from working with elderly people.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

EQUAL OPPORTUNITIES MONITORING (optional)

Age \_\_\_\_\_ Gender \_\_\_\_\_ Racial/ethnic group \_\_\_\_\_

PLEASE RETURN FORM TO: MOOR ALLERTON ELDERLY CARE  
57 CRANMER BANK  
LEEDS  
LS17 5JD