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Leeds LS17 5JD

Tel: 0113 266 0371
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**Moor Allerton
Elderly Care**

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 any interests and skills you have that that might support your volunteering.

What kind of volunteering would you like to do? (Please tick)

Visiting older people in their own homes		Transporting people in your own car	
IT tablet mentor		Office Reception/Admin	
Assisting with a group, outings and events		Delivering Newsletters	
Wellbeing champion		Transport Escort	
Other			

How often could you volunteer?

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 recent paid employment and/or 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? YES/NO

If so, please give details, dates etc. A Disclosure and Barring Service Check may be necessary for some roles. There have been changes in the rules about what which minor convictions you need to declare. Please ask us if you are unsure

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 vulnerable adults

Signature _____ Date _____

How did you hear about MAECare? _____

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