**DOWNHAM DEMENTIA**

Application for the role of Sitting Service Volunteer

When completed, please return this form to:

manager@downhamdementia.org

|  |  |
| --- | --- |
| First name(s): | Last name: |
| Address:Postcode | Phone no: |
| E-mail: |
| Relevant experience for this post: |
| Interests/ hobbies: |
| Why do you want to volunteer at Downham Dementia? |
| Please give the name and address/email of two referees, one of which should be a previous employer/ knows you in a professional capacity. |

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence, even a spent conviction under the Rehabilitation of Offenders Act 1974?  | Yes/No |
| Do you have any objections to visiting a home where there is a smoker? | Yes/No |
| Do you have any objections to pets in the home? | Yes/No |

**I confirm that, to the best of my ability, the information I have given is a true and accurate record.**

Signed:……………………………………………………………….

Name:…………………………………………………………………

Date:…………………………………………