

# MARY FEILDING GUILD

## APPLICATION FORM FOR VOLUNTEERING

**Completed forms should be should be marked 'CONFIDENTIAL' and returned to:**

Mary McGloin, Director, Mary Feilding Guild  
103/107 North Hill, Highgate, London N6 4DP

**Important Notice, please read:**

This home is committed to providing equality of opportunity in all applicants. We welcome all applications from people who feel they are able to carry out the required duties regardless of previous experience.

The Guild will apply for a disclosure, detailing all criminal convictions against your name, from The Criminal Records Bureau, should your application be successful.

Disclosure information will not be used for any other purpose than in connection with this application and a criminal record will not necessarily be a bar to employment. No offer of employment will be withdrawn without discussion with the applicant.

### About You

Surname:	First Names:
Home address:	
Postcode:	
Home Tel:	Work Tel:
Mob:	Can we ring you at work? YES / NO

Are you currently working?	YES / NO
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**Availability: Please tell us how many hours you could offer, what days of the week are suitable and indicate if this could be on a weekly, monthly or an irregular basis.**

What kind of volunteering work are you interested in? Please list every type that interests you.

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### Supporting Statement

Please use this space to tell us more about yourself and to add information that you feel is important in your application to demonstrate your suitability for the post:

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### References

Please provide us with the names of two people who can provide us with a reference as to your suitability for volunteering with the elderly. Neither of the references will be contacted prior to an offer of volunteering being made

Name: _____	Name: _____
In what capacity does this person know you: _____	In what capacity does this person know you: _____
Address: _____ _____	Address: _____ _____
Postcode: _____	Postcode: _____
Tel. no. _____	Tel. no. _____

I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false that my relationship with Mary Feilding Guild could be terminated.

**Signed:**

**Date:**

### **\*\* IMPORTANT \*\***

#### **Data Protection Information**

The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed. The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal.