

Hull Council of Disabled People

35-37 Ferensway, Hull, HU2 8NA
Tel. 01482 326140 Fax 01482 588482
Registered in England & Wales

Company Limited by Guarantee, Company Number 4016363
Charity Commission Registration No. 1082470
www.hcdp.karoo.net email: hcdp@hcdp.karoo.co.uk



Volunteer Application Form

State the Volunteer role you would like

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Personal Details

First Name		Last Name	
Date of Birth		Telephone:	
Address:			
Postcode:			
National Insurance Number			
Do You have a UK Driving Licence?	Full <input type="checkbox"/>	Provisional <input type="checkbox"/>	None <input type="checkbox"/>
Do You Have any current Endorsements or Bans from Driving?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
If the answer to the above question is yes please state with dates, continue on a separate sheet if needed			

Present Employment

If you are not working please state

Job Title	
Brief Description	

Relevant Experience Paid or Unpaid

(please continue on a separate sheet if needed)

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Special Skills or Knowledge

(please continue on a separate sheet if needed)

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Hobbies and Interests

(please continue on a separate sheet if needed)

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Your Reason For Requesting Involvement With HCDP

(please continue on a separate sheet if needed)

Do You Have Any Disabilities That We Should Know About?

Yes ☐ No ☐

If the answer is yes would you please let us know below what help and support you may need when working with us. (please continue on a separate sheet if needed)

Availability

Please state below the days/dates and times you would be available to volunteer (please continue on a separate sheet if needed)

Criminal Convictions

Do You Have Any Criminal Convictions? YES ☐ NO ☐

If the answer to the above question is yes please state below (note because of our work with vulnerable people we may elect to make a CRB Check)

References

Please give the names & addresses of two referees whom we may contact. (One of which should be a person of professional standing who has known you for a minimum of two years)

	Referee 1	Referee 2
Name		
Profession		
Address		
Postcode		
Telephone		

BY SIGNING THIS FORM YOU ARE UNDERTAKING TO MAINTAIN CONFIDENTIALITY – DO YOU UNDERSTAND AND ACCEPT THIS? YES ☐ NO ☐

SIGNED _____ DATE _____

Please return to
Hull Council of Disabled People, 35-37 Ferensway, Hull, HU2 8NA