## **ST ALBANS GOOD NEIGHBOUR SCHEME**

Charity No. 1074638 Company No 3675149

# **APPLICATION FOR MEMBERSHIP**

Thank you for your interest in the Scheme. Please print off this form, complete all sections and send it to the **Volunteer Co-ordinator, 6 Liberty Walk, St Albans AL1 5PN**. In due course we would like to call and see you to discuss how the Scheme works and answer any questions you may have. Once references have been received a member of our Committee will be in touch to arrange a convenient time. We look forward to meeting you.

Name (block letters please) ………………………………………………………………………..

Address ……………………………………………………………………………………………....

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Postcode………………………….. Date of birth ………………………………...

Telephone ………………………………....(home) …..……………………………….. (mobile)

E-mail address ……………………………………………………………………………………....

Personal transport? Yes/No

Do you have a current driving licence? Yes / No

Are you in good health? Yes /No (If no please specify)

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Do you have any disabilities? Yes /No (If yes please specify)

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Do you have a criminal record? Yes / No If yes please supply details.

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**Criminal Records**

**Although we are a voluntary organisation, we are required to take certain safeguards to protect vulnerable groups whom we help. We therefore must ask for any convictions, not yet spent (ie. unspent) under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended in 2013. We do not need details of minor motoring offences. If opting for Transport, Regular Shopping or Befriending, you will require a DBS (Disclosure and Barring Service) Certificate. Assistance with the procedure to be given by the Section Leaders.**

Which sections of the Scheme are you interested in finding out more about?

Duty Officer Yes / No Transport \* Yes / No

Practical Help/Gardening Yes / No Befriending Yes / No

Bag Moving Yes / No Regular Shopping Yes / No

Occasional Shopping/Prescription collection Yes / No

**\* New drivers should be between 18 and 79 years of age. After reaching 80, a doctor’s certificate of fitness to drive will be required.**

/2…

Please give the names and addresses of two people who have known you for at least **three years** who will provide references. One of these should preferably be someone who has known you in an employment/work capacity. Referees should not be related to you.

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Postcode………………………………… Postcode……………………………………………..

E-mail …………………………………… E-mail ………………………………………………..

**Please tell us how you heard about the Good Neighbour Scheme**

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I apply to be a Volunteer with the St Albans Good Neighbour Scheme.

I understand that the above details will be kept on a database and will not be used by anyone other than the St Albans Good Neighbour Scheme without my permission. Only first names will be given to clients or other volunteers.

Please see our Privacy Policy on our website at www.sagns.org.

Signed ……………………………………….. Date …………………………………..

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### For Volunteer Co-ordinator’s completion

Referees written to € References received € €

Interviewed € Date …………………………………………

Cards completed €

Membership Card issued €

Volunteer entered on database € No ………..

Other Action: