

Lowestoft & District Talking Newspaper
(Sound East)

Volunteer Application Form

Mr/Mrs/Ms/Miss

First Name..... Surname.....

Address.....

..... Postcode.....

Date of Birth..... Tel. No.....

Please tick: Employed Unemployed Student
 Retired Homemaker

To travel, Public Transport Bicycle Car
do you use: Motor Cycle

Times Available: Tuesdays Fridays
 Evenings Mornings

Have you done voluntary work before? Yes No

If yes, what kind.....

.....

and which organisation.....

Have you been convicted of an offence? Yes No

It is important to us to ensure the safety of the people we are helping and we need, therefore, to make the following statement under the Rehabilitation of Offenders Act, 1974:- "The work you will be doing for Sound East may involve access to visually impaired people of all ages." It is our policy, fully in accordance with the Act, to ask you to reveal all offences – including those that in other circumstances would be considered spent.

If you answered "Yes", please give details:

.....

.....

P.T.O.

Do you have a disability or any problems with your health which we need to consider when seeking a placement for you? Yes No

If yes, please give details:

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Please note below the names & addresses of two people we may contact for a character reference:- (not relatives)

1. Tel.No:	2. Tel.No:
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Signature of Volunteer:

E-mail address if available:.....

Date:

As a new volunteer you may be asked to help out with any of the following tasks according to your skills and our requirements at the time of application. Any necessary training or instruction will be given.

- Pouch sorting (emptying pouches, turning labels, etc.)
- Registration (preparing pouches for dispatch and marking register)
- Reading
- Recording
- Copying

Please send the completed form to Mr R Scase, (Chairman), 32 Sands Lane, Oulton, Lowestoft, NR32 3EY