Lowestoft & District Talking Newspaper (Sound East)

(Registered Charity No.288825)

Volunteer Application Form

Mr/Mrs/Ms/Mis	SS		
First Name		Surna	ame
Address		• • • • • • • • • • • • • • • • • • • •	
•••••	•••••	Postc	ode
Date of Birth		Tel. N	Vo
Please circle:	Employed U Retired Ho		Student
To travel, do you use:	Public Transport Motor Cycle	Bicycle	Car
Times Available	: Tuesdays	Fridays	
	Evenings	Mornings	
Have you done	voluntary work before	e? Yes	No
If yes, what kind			
and which organ	isation		
Have you been o	convicted of an offence	e? Yes	No
therefore, to make 1974:- "The work impaired people you to reveal all considered spent	te the following statem rk you will be doing for of all ages." It is our p l offences – including	nent under the sound Expolicy, fully those that	cople we are helping and we need the Rehabilitation of Offenders Act ast may involve access to visually in accordance with the Act, to ask in other circumstances would be
If you answered	"Yes", please give deta	ils:	
• • • • • • • • • • • • • • • • • • • •			

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:				
Please note below the names & addresses of two people we may contact for a character reference:- (not relatives)				
2.				
Tel.No:				
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 Donna Page, (Chairman), 88 Alexandra Road, Lowestoft, NR32 1PL

Details will be entered on our computer database and office records and held in accordance with the Data Protection Regulations..