



## Dementia NI Volunteer Application Form

54 Elmwood Avenue, Belfast, BT9 6AZ

|   |  |                    |                 |
|---|--|--------------------|-----------------|
| <p><b>Please note that the information given below will be used to match potential volunteers to the most appropriate roles available at the time of application to volunteer with Dementia NI.</b></p> |  |                    |                 |
| <p><b>PERSONAL DETAILS</b> (Please complete using block capitals and black ink)</p>   |  |                    |                 |
| <b>Surname</b>  |  | <b>Forename</b>    |                 |
| <b>Address</b>  |  |                    |                 |
|   |  |                    |                 |
|   |  |                    | <b>Postcode</b> |
| <b>Home Tel No</b>  |  | <b>Work Tel No</b> |                 |
| <p>May we contact you at work?      <b>YES</b>    <input type="checkbox"/>      <b>NO</b>    <input type="checkbox"/></p>   |  |                    |                 |
| <b>Mobile No</b>  |  |                    |                 |
| <b>Email address</b>  |  |                    |                 |

|  |
|--|
| <p><b>Please tick the volunteer role(s) you would be interested in:</b></p> <p><input type="checkbox"/> Empowerment Group Support Volunteer</p> <p><input type="checkbox"/> Volunteer Driver</p> <p><input type="checkbox"/> External Events Support Volunteer</p> <p><input type="checkbox"/> Fundraising</p> |
|--|

|  |               |                |                  |                 |               |                 |               |
|--|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| <p><b>When would you be available to volunteer with us?</b> <i>(Please tick)</i></p> |               |                |                  |                 |               |                 |               |
|  | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> |
| <b>Morning</b>   |               |                |                  |                 |               |                 |               |
| <b>Afternoon</b>   |               |                |                  |                 |               |                 |               |

|  |
|--|
| <p><b>What motivated you to choose a volunteering role with Dementia NI?</b></p> |
|--|

**Dementia NI**  
**54 Elmwood Avenue**  
**Belfast**  
**BT9 6AZ**

Registered with the Charity Commission for Northern Ireland NIC 106148



**What previous work experience, including voluntary work do you have?**

**Do you have any hobbies or interests relevant to the post?**

**What skills, knowledge and experience do you feel you could bring to a voluntary role in our organisation?**

**Are there reasonable adjustments that we could make as part of your recruitment process that would enable you to enjoy equality of opportunity in seeking a volunteer role with us?**

Please specify:

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Please provide names and addresses of two people who we could contact for a reference. (Someone who is not a relative, but has known you for 2 years within the last 5 years).

| REFERENCE 1   |  | REFERENCE 2   |  |
|---------------|--|---------------|--|
| Name          |  | Name          |  |
| Job Title     |  | Job Title     |  |
| Organisation  |  | Organisation  |  |
| Address       |  | Address       |  |
|               |  |               |  |
|               |  |               |  |
|               |  |               |  |
|               |  |               |  |
| Postcode      |  | Postcode      |  |
| Tel No        |  | Tel No        |  |
| Email address |  | Email Address |  |

Signed \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest, we will be in touch soon.

Please return your volunteering form to:  
Tara Collins Dementia NI, 54 Elmwood Avenue, Belfast, BT96AZ

**PLEASE NOTE:**

All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults and in accordance with Data Protection Act 1998.

Potential volunteers will be subject to a satisfactory Access NI check before commencing with Dementia NI.

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