



# The Pepper Pot Centre

The Pepper Pot Centre  
1a Thorpe Close  
Ladbroke Grove  
London W10 5XL  
Tel: 020 8968 6940

## VOLUNTEER APPLICATION FORM

Mr/Mrs./Miss **FIRST NAME:** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**HOME PHONE No.:** \_\_\_\_\_

**MOBILE No.:** \_\_\_\_\_

**WORK PHONE No.:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

1. What are your interest, hobbies and special skills?
2. Do you have experience working with old and frail people? If so please give details.
3. Do you have a car you could use for voluntary work?
4. Do you have any administration/finance/fundraising/care work/catering/driving experience? If so, please give details.
5. What is your present employment and or past experience?
6. Have you suffered any illness in the past months? if so, please specify and outline any treatment you may be receiving.



# The Pepper Pot Centre

The Pepper Pot Centre  
1a Thorpe Close  
Ladbroke Grove  
London W10 5XL  
Tel: 020 8968 6940

7. What is your country of origin?
8. Do you speak any other languages other than English? If so please specify and at what level.
9. Would you be able to volunteer during the day, or evening or weekends?
10. Is there any kind of work you would like to volunteer for E.g. finance, bookkeeping, fundraising, be-friending, caring and escorting?
11. Is there any particular kind of volunteering you would **NOT** Like to do E.g. Lifting carrying heavy shopping, visiting a confused person, pushing a wheelchair?
12. How did you hear of the Pepper Pot's need for volunteers?
13. In the interest of security for older and frailer people we have to ask for references which we always take up. Please supply the names and addresses of two referees'. If possible one would be of a professional nature I.e. Ex-employer, clergyman, GP, who knows you well.

**REFEREE No. 1**

**REFEREE No. 2**

---



---



---



---



---



---



---



---

Tel: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_  
\_\_\_\_\_

14. A) Do you have any criminal convictions? If yes please specify the nature and date of the offence.

B) Would you be prepared to undertake a DBS (Disclosure Barring Scotland) check?

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_