



WEST SUSSEX ASSOCIATION FOR THE BLIND

**4SIGHT Bradbury Centre, 36 Victoria Drive,
Bognor Regis, West Sussex PO21 2TE**

Tel: 01243 828555 Fax: 01243 838003

Direct Line For Volunteer Enquiries : 01243 838007

VOLUNTEER DETAILS

Name.....

Address.....

.....

.....

Post code.....

Tel.....

Are you over 80yrs (please circle)

Yes

No

**If yes you will need to fill out an additional Health
Questionnaire for insurance purposes**

What role are you applying for? ie: charity shop, driver, fundraising, befriender, office, other

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Why do you want to become a volunteer?

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Please provide details of any previous experience, that you could draw upon whilst helping 4SIGHT

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Where did you see our recruitment literature?.....

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As an organisation helping vulnerable people, we must ask you if you have any criminal convictions, and if so to detail these.

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Please obtain the consent and give names and addresses of two people (not relatives) who know you well whom we may contact for a reference.

Name.....
Address.....
.....
Tel.....Occupation.....

Name.....
Address.....
.....
Tel.....Occupation.....

In addition to references all volunteers will need to have a Criminal Records Disclosure.

I wish to be considered as a volunteer for 4SIGHT and declare that all the information contained in this form is true and correct to the best of my knowledge.

Signed.....Date.....

PLEASE PROVIDE DETAILS OF NEXT OF KIN

Name:

Relationship to you:

Emergency Telephone Number:.....

PLEASE SEND COMPLETED APPLICATIONS TO

**Volunteer Officer
4SIGHT
Bradbury Centre
36 Victoria Drive
Bognor Regis
West Sussex
PO21 2TE**

Tel: 01243 838007

Fax: 01243 838003

email: enquiries@4sightsussex.co.uk

website: www.4sightsussex.co.uk