



FiSH Volunteer Application Form - 2020

Title:
Firstname:
Surname:
Address:
Postcode:
Home phone:
Mobile:
Email:
Date of birth:

Which of the following activities might you be willing to offer to FiSH? *(please tick)*

- Befriending (face-to-face companionship)
- Escort for bus
- FiSH Coffee Corner (listening)
- Retro Clubs (for those with memory loss)
- Art Classes (Picassos in the Park)
- Bridge Club
- Choir
- Gardening
- Handyperson
- Home Organisation/Decluttering
- Minibus driving
- Shopping
- Car driving (local trips)
- Car driving (central London)
- Baking / catering
- Lunchtime Concerts
- Lunch Clubs
- MeetUpMondays
- Special Events (Barnes Fair etc.)
- Clerical skills
- IT Skills
- PR/Marketing
- Fundraising
- Bookkeeping
- Telephone Befriending
- COVID-19 Emergency Team

Do you have experience of: *(please tick)*

- Dementia
- Using wheelchairs

Do you have any special skills or knowledge to offer (e.g. languages, nursing, electrical, financial, music etc.) *(please type/write in box below)*

Roughly how much time do you feel you can reasonably offer to FiSH?

- Occasionally
- Approximately 1 hour a week
- More than 1 hour a week
- As often as reasonably required
- Other

When might you be available?

- Monday Tuesday
- Wednesday Thursday
- Friday Saturday
- Sunday
- Mornings Afternoons Evenings

Are there any days/times when you would not normally be available to help FiSH?

To comply with current legislation FiSH will require a DBS (Disclosure Barring Service) check to be carried out on your details. Would you be willing for such a check to be undertaken if necessary?

- Yes No

For car drivers, do you have motor insurance:

- Yes No
- Fully Comprehensive Third Party
- Two car doors Four car doors

Please give the names and contact details of two referees who have known you for at least two years. Referees should NOT be family members.

Referee 1

Name:
Address:
Phone:
Email:
How do they know you?

Referee 2

Name:
Address:
Phone:
Email:
How do they know you?

Please indicate your ethnic background

- White British
- Other (please give details in box below)
- Prefer not to say

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Next of Kin (will only be used in an emergency)

Name:
Relationship:
Phone:

Data Protection

I give permission to FiSH to keep this information on a confidential database and to be used only for appropriate purposes in connection with the work of FiSH.

Signed:
Date:

NB. If submitting this form by email you will be required to sign the form when attending the office for interview/DBS clearance.

**Please return this form either by email info@fishhelp.org.uk
or by post to:**

FiSH Neighbourhood Care, Barnes Green Centre, Church Road, Barnes, London SW13 9HE

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