



# Middlesex Association for the Blind

Working locally with people who are blind and partially sighted

Barnet / Brent / Ealing / Enfield / Harrow / Haringey / Hillingdon / Hounslow / Richmond

## VOLUNTEER APPLICATION FORM

### Section 1: PERSONAL DETAILS

For which services are you volunteering for?

Home Visiting Service

Telephone Befriending Service

Trike Club

VI Social club Volunteer

Other \_\_\_\_\_

(Please specify)

Please complete this form in block capital letters, in black ink.

|                  |                  |                  |
|------------------|------------------|------------------|
| <b>Title:</b>    | <b>Forename:</b> | <b>Surname:</b>  |
| <b>Address:</b>  |                  |                  |
|                  |                  | <b>Postcode:</b> |
| <b>Home Tel:</b> | <b>Work Tel:</b> |                  |
| <b>Mobile:</b>   | <b>Email:</b>    |                  |

Are you able to commit to a volunteering period of at least 10 months?

Yes  No

Can we contact you via email about forthcoming events?

Yes  No

Which times would be convenient for the coordinator to contact you?

|  |
|--|
|  |
|--|

People with visual impairments can be very vulnerable. We are sure that you will understand why we have to ask you for the names of two people who can be contacted for references. Please check that your friends or colleagues are prepared to do this. A referee can be any adult (apart from family) who has known you for at least six months, knows you well and does not live at the same address as you. Ideally, one of these should have some recent knowledge of your skills and/or experience.

Suite 18 – Freetrade House Lowther Road Stanmore HA7 1EP

Tel: 020 8423 5141 / E-mail: [info@aftb.org.uk](mailto:info@aftb.org.uk) / Website: [www.aftb.org.uk](http://www.aftb.org.uk)

Registered Charity No: 207007. A charitable company limited by guarantee. Registered in England No: 514204



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## REFEREE DETAILS

### 1<sup>st</sup> Reference

|                 |                    |                  |
|-----------------|--------------------|------------------|
| <b>Title:</b>   | <b>Forename:</b>   | <b>Surname:</b>  |
| <b>Address:</b> |                    |                  |
|                 |                    | <b>Postcode:</b> |
| <b>Tel No:</b>  | <b>Occupation:</b> |                  |
| <b>Mobile:</b>  | <b>Email:</b>      |                  |

### 2<sup>nd</sup> Reference

|                 |                    |                  |
|-----------------|--------------------|------------------|
| <b>Title:</b>   | <b>Forename:</b>   | <b>Surname:</b>  |
| <b>Address:</b> |                    |                  |
|                 |                    | <b>Postcode:</b> |
| <b>Tel No:</b>  | <b>Occupation:</b> |                  |
| <b>Mobile:</b>  | <b>Email:</b>      |                  |

## Section 2: VOLUNTEERING QUESTIONS

|  |
|--|
| Please state why you are interested in becoming a volunteer.   |
| Please tell us what qualities/interests you could bring to the service(s).                               |
| How did you learn of the Middlesex Association for the Blind and our various volunteering opportunities? |

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We are required by law to protect the vulnerable people who we help; therefore, we must ask if you have any past or present criminal convictions. A DBS check will be carried out with this application for voluntary work. Although the information will be stored on a computer it will be treated in the strictest of confidence. (Data protection no: X3124697)

Do you have a criminal record? Yes \* No   
\*If yes, please give details on a separate page.

Do you have a full current British driving licence? Yes  No

Do you have use of a car? Yes  No

If not, which areas can you travel to easily?

Which languages are you able to speak?

Are you confident using a computer, if so, please state what packages you use?

There is a full day training and induction course which all new volunteers must attend. Are you interested in further training opportunities at a later date?

Yes  No  Possibly

Given appropriate training on how to guide a person with a visual impairment, would you be willing to act as a guide for short distances? E.g. a short walk

Yes  No  Possibly

Health concerns must be taken into consideration with client contact, do you suffer from any of the following:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Mobility problems | <input type="checkbox"/> Dementia             |
| <input type="checkbox"/> Learning difficulties  | <input type="checkbox"/> HIV/AIDS          | <input type="checkbox"/> Other (please state) |

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Have you had the COVID 19 Vaccination?  Yes  No

I have had :  1<sup>st</sup> Jab  2<sup>nd</sup> Jab

Are you available to work as a volunteer?

Weekly  Fortnightly  Monthly  Other \_\_\_\_\_

Please indicate when you are available

**AM**  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

**PM**  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

We maintain an Equal Opportunities Policy, however, there are occasions when gender preferences need to be taken into consideration. With this in mind do you have a strong preference for visiting a man or a woman? (*Home Visiting Scheme only*):

Man  Woman  Don't mind

Are there any situations you feel you may not be comfortable with, such as, fear of dogs, dislike of smoking?

Do you have any special interests/hobbies which should be considered when matching you with a person who has a visual impairment? (*Home Visiting Scheme only*)

We will be matching you with a client to visit on a regular basis. Would you also be willing to undertake any occasional 'one-off' requests, e.g. hospital appointments? (*Home Visiting Scheme only*)

Yes  No  Possibly

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## Section 4: EQUAL OPPORTUNITIES

Middlesex Association for the Blind operates a policy of Equal Opportunity. To assist the monitoring of this and for that purpose only, please could you complete the following:

**Are you:** Male  Female

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

### Religion

|                               |  |                         |  |
|-------------------------------|--|-------------------------|--|
| None                          |  | Muslim                  |  |
| Christian (all denominations) |  | Sikh                    |  |
| Buddhist                      |  | Any other religion      |  |
| Hindu                         |  | Not known               |  |
| Jewish                        |  | Do not wish to disclose |  |

### Disability:

- Able Bodied  Blind  
 Disabled  DeafBlind  
 Partially Sighted  Hearing difficulty

### Ethnicity:

- Asian British  Chinese  
 Asian Other  Irish  
 Bangladeshi  Mixed Race  
 Black African  Pakistani  
 Black British  White British  
 Black Caribbean  White Irish

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Black Other

White Other

Indian

Other

## DECLARATION

**Thank you for completing this form. Please sign and return as soon as possible in the stamped addressed envelope provided or by signing, scanning and emailing back.**

|                |              |
|----------------|--------------|
| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|

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