

Volunteer Registration Form

CONFIDENTIAL



Please submit completed forms to : 1millionminutes@alzheimers.org.uk

Role details

Role you are applying for: Side By Side (Face to Face) Volunteer

Please state your nearest Side by Side Service area from the list on our website _____

Side by Side Telephone Volunteer

How did you hear about this role?

Personal details

Title: _____ First name: _____

Surname: _____ Known as: _____

Address: _____

Postcode: _____

Phone number: _____

Email: _____

The email address you provide here will be used to set up an online learning account which is administered by a trusted third party.

Date of Birth: _____ Gender: Male Female

Are you currently an Alzheimer's Society volunteer or employee? Yes No

Are you a Dementia Friend? Yes No Are you a Dementia Friends Champion? Yes No

Your Skills and Experience

Please tell us why you would like to become a volunteer with Alzheimer's Society and what you hope to get out of the role:

Please tell us about the skills and experience you have that are relevant to the role you are applying for (max 200 words):

Availability

When are you available to volunteer?

<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night

Emergency Contact Details

First Name: _____	Surname: _____
Primary phone number: _____	Alternative phone number: _____
Relationship to you: _____	

References

If the role you are applying for requires references, please provide the details of two people who can provide a reference for you. They shouldn't be related to you and should ideally be people who know you in a professional capacity, e.g. a tutor or colleague.

We will only contact your referees if you are offered the role.

Title: _____	Title: _____
First name: _____	First name: _____
Surname: _____	Surname: _____
Address: _____	Address: _____
<i>A postal address is only required where no email is provided.</i>	<i>A postal address is only required where no email is provided.</i>
Phone number: _____	Phone number: _____
Email: _____	Email: _____
Relationship to you: _____	Relationship to you: _____

Criminal Convictions

Please note that criminal convictions do not automatically prevent you from volunteering.

Do you have any unspent criminal convictions? Yes No

If yes, please give brief details

Contact & Marketing preferences

How we contact you

As an Alzheimer's Society volunteer, we will use your contact details to send you written information relating to your volunteer role and the wider work of the Society. Please tell us how you would prefer to receive this information. If you don't select a preference, we will use the most appropriate/cost effective method to contact you.

By post

By email

We will also need to contact you about operational matters relating to your volunteer role, for example, if there is an issue at the place you volunteer. Please tell us how you would prefer us to contact you with this type of information. If you don't select a preference, we will use the most appropriate/cost effective method to contact you.

By email

By phone

By SMS text message

Will you choose to change the future of dementia?

By volunteering, you're doing something incredible to help thousands of families affected by dementia. We'd love to keep in touch, and update you on the latest news, including the amazing work we do with our services and research, and how you can do more to help with fundraising, campaigning, or other volunteering opportunities.

It's totally up to you – you can update what you get at any time and we'll never sell your details to third parties. If we can't reach out to you for help when we need it most, our work can't continue – so please, choose to stay in touch using the boxes below and help us beat dementia.

Yes, I'd like to receive updates by email

Yes, I'd like to receive updates via SMS

Yes, I'd like to speak to someone on the phone

Yes, I'd like to receive updates through social media

Please do NOT send me any mail through the post

We promise to keep your personal details safe and will never sell your information to other charities or organisations. Our [fair processing notice](#) explains more about how we use our supporter's personal information and how you can update your preferences regarding how we contact you. You can view our fair processing notice on our website using the link above or to request a hard copy.

Declaration

I confirm the details given in this form are correct, I am over the minimum age for the role I am applying for and I am willing to provide proof of identification. I agree to abide by the Society's policies, procedures and values and understand this agreement to volunteer for Alzheimer's Society is binding in honour only and is not intended to be a contract of employment.

Alzheimer's Society has permission to contact the referee I have provided (if applicable) and my volunteering with Alzheimer's Society is subject to the references and any other checks being satisfactory.

Signed:

Print name:

Date:

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