



VOLUNTEER APPLICATION FORM



Name:

Address:
.....
.....

Phone: Email:

Date of Birth:

As we are going in and out of people’s homes, we ask all our volunteers to provide referees who have known you for at least five years. All our volunteers must also complete the DBS process.

Reference 1: Name:
Address:
Phone:
Email:.....

Reference 2: Name:
Address:
Phone:
Email:.....

Which roles at Norwich Door to Door are you volunteering for?

- Driver** (must have held a clean driving licence for at least two years and must have D1 category—medical required after 70 to reinstate D1)
- Passenger Assistant**
- Office Support**
- Events & Fundraising Support**

Do you have any medical conditions we should know about?

What do you want from this volunteering experience?
.....
.....

How did you hear about Door to Door?

Please send this form to:

Registration Department
Norwich Door to Door
Room 2.19 Woodlands
Norwich Community Hospital
Bowthorpe Road
Norwich NR2 3TU

Many thanks for your interest and we look forward to meeting you