

Volunteer Application Form

Preferred Title	
First Name(s)	
Surname	
Date of Birth	
Where did you hear about Sightline?	
Tel No.	
Mobile No.	
Email	
Street Address	
Postcode	
Occupation	
Languages spoken	
Eye Conditions – Are you blind or have a diagnosed eye condition? If yes, please tick an appropriate box	Blind from birth: <input type="checkbox"/> Blind later in life: <input type="checkbox"/> Diabetic Retinopathy: <input type="checkbox"/> Glaucoma: <input type="checkbox"/> Macular Degeneration: <input type="checkbox"/> Retinitis Pigmentosa: <input type="checkbox"/> Other – please specify below:

References

Visually Impaired people living alone are especially vulnerable and it is Sightline's policy that volunteers should give the name and address of two people to whom they are well known and who can be contacted for a reference. Do please obtain their consent for our enquiry.

Referee 1

Name

Address

Town

Postcode

Email

Tel No.

Referee 2

Name

Address

Town

Postcode

Email

Tel No.

Befriending Availability (If applicable)

Please tick available slots, you won't be befriending in all of these slots, this just allows us to match your availability to a service user.

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
8-12							
12-6							
6-10							

Interests and Experience

Please list your personal interests and any relevant experience, qualifications or special skills such as counselling, providing advice, information or guidance, computer skills, training, presentations, etc.

Communications – what is your preferred format (e.g. Large Print, Electronic, Braille, Audio, Other – please specify).

Have you ever been found guilty of an offence by any court?
(if you answer yes, we will ask you for more information)

Yes		No	
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Signature

Date

All the information provided is confidential to Sightline and will not be used for any other purpose without your express consent. Thank you for your application. Please return this form via email or in the envelope provided.