

Southwark Pensioners Centre 305-307 Camberwell Road London, SE5 0HQ Tel: 020 7708 4556 www.southwarkpensioners.org.uk Cathy.Deplessis@southwarkpensi oners.org.uk

Application Form for coronavirus/covid-19 response volunteers

Personal Details	
First name:	
Last name:	
Date of birth:	
Address:	
Postcode:	
Telephone no	
Mobile:	
E-mail:	
Emergency contact deta	ils
First name:	
Last name:	
Relationship to you	
Telephone no	
Mobile:	
How can you help us du Please mark all that app	ing the coronavirus crisis? ly
Delivery of food,	Access to a vehicle and a clean, valid
prescriptions or other essential items	full UK driver's licence
	Access to a bicycle?
Weekly social call	Access to a telephone and free / inclusive calls?

Other please state	
Please tell us a bit more abou	it yourself and what you hope to get from
volunteering	
Proof of identity and proof of	address
1. Please come to the offic SE5 0HQ	e at 305-307 Camberwell road, Camberwell,
2. Any weekday from 10am	n
	proof of ID and two proofs of address, atement, it must be less than three months old
If you are an older person whe please scan or send a photo o	o is offering to help with weekly social calls, of your proofs
	lo you have an enhanced DBS disclosure from you signed up to the DBS update service?
Yes /No	
Criminal convictions	
Have you had any unspent cr	iminal convictions (spent or unspent) or any
other potentially disadvantag	eous history to disclose? Please indicate
Yes/ No	
If yes please attach details:	
References - these will be	e a priority for the weekly social calls
Please give details of two refe	erees and the capacity in which you know
them. One of them should be volunteer role.	your most recent employment, education or
Referee 1	Referee 2
Full name:	Full name:

Full address:
E-mail:
Contact telephone number

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