

# Oxfordshire Association for the Blind



Registered Charity 273559

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Abingdon Road,  
Oxford, OX1 4XL

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vision@oxeyes.org.uk  
Fax 01865 725596  
www.oxeyes.org.uk

## Volunteer application form

All information you give will be treated as strictly confidential

First name	Last name
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Address
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Telephone - day
- evening
- mobile

Are you:
Under 18 <input type="checkbox"/>
18-25 <input type="checkbox"/>
26-55 <input type="checkbox"/>
56-70 <input type="checkbox"/>
Over 70 <input type="checkbox"/>

Email address
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Do you have use of a car?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Gender:
Male <input type="checkbox"/>
Female <input type="checkbox"/>

Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/>
Because of the nature of our work, volunteers with OAB are subject to a Criminal Records Bureau Enhanced Disclosure. Having a criminal record does not always mean you cannot be a volunteer. Please talk to the Volunteer Coordinator in confidence if you would like to discuss your situation. You can also ask to see our Policy Statement on the Recruitment of Ex-offenders for more information.

If you have any experience of visual impairment, please describe it briefly.  
(This is for information only; experience is not required to volunteer with OAB.)

Which volunteering activity are you interested in?

Home visiting  Help with fundraising  Help with groups

Sight advisory desk, Eye Hospital

Do you have any health problems which might affect your role as a volunteer?

Yes  No

If yes, please explain briefly.

When are you usually available to help (e.g. Monday mornings, weekday afternoons, some Saturdays)?

How did you hear about volunteering with OAB?

Please give us details of two referees who we can contact about this application; these could be people who know you either personally or professionally. (Please contact us if you would like help deciding who to use as a referee.)

Name

Address

Phone

Email


Please return the form to Ana Novakovic, Volunteer Coordinator  
at the address on the first page of this form. Thank you.