

# Volunteer Registration Form

Welcome! We are really pleased you have decided to enquire about getting involved. We want you to get the most out of your volunteering and by filling in this form we hope we can continue to ensure that we offer you a safe, inclusive and enjoyable experience.

## Tell us who you are and how to get in touch with you

Title	<input type="text"/>	Volunteer ID	<input type="text"/>	<small>For office use only</small>
First Name	<input type="text"/>	Surname	<input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>			
	Post Code			
Home Tel	<input type="text"/>			
Mobile	<input type="text"/>			
Email	<input type="text"/>			
Date of Birth	<input type="text"/>	Male	<input type="checkbox"/>	Female
			<input type="checkbox"/>	<input type="checkbox"/>

Have you volunteered before? Yes  No

Have you volunteered in the last 12 months? Yes  No

If yes, please give details.

Are you applying for a specific volunteering opportunity? If so, which one?

If not, what sort of volunteering would you like to get involved with?

Do you have a limited amount of time for volunteering? (please indicate your availability)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any specific skills/qualifications you would like to use?  
If yes, please give details.

Inspired by

**Why do you want to volunteer?**

- Health and fitness
- New skills and experience
- Social aspect
- Confidence
- Enhance CV / employability
- Road test a career
- To benefit the community
- Share skills and expertise
- Try something new
- Other (please specify)

**Where did you find out about volunteering with us?**

- Word of mouth
- Flyers / posters / news article
- Internet
- Friends and family
- School / College
- Visit to site
- Employer
- Support worker
- Job Centre
- Other (please specify)

**Which of the following best describes you?**

- Employed
- Retired
- Unemployed
- Employed part time
- Self employed
- Attend school
- Attend College / University
- Unable to work

**We aim to create a positive environment to enable all volunteers to reach their full potential. So we can consider any appropriate adjustments and better support you in your role please complete the following section to the best of your ability.**

**Medical information:**

Do you have any medical / health conditions or disabilities that we need to be aware of, or that are relevant to volunteering activity e.g. epilepsy, diabetes, asthma, mobility, heart problems etc?

Condition	Medication taken / treatment / precautions necessary

Do you consider yourself disabled? Yes  No

Do you have any additional support or access needs? Yes  No

If yes, please say what these are

Is there any other information about your health that you would like to tell us about?

Please provide us with the details of the first person we would need to contact in the event of an emergency

Name

Address

Home Tel

Work Tel

Mobile

Relationship to you

Who can we contact for references?

Please confirm with your volunteer manager if references are required. Yes  No

Please could you give the names and addresses of two people (other than a spouse or relative) to whom we could apply for a personal reference.

**Referee 1**

Name

Address

Postcode

Tel

In what capacity do you know them?

**Referee 2**

Name

Address

Postcode

Tel

In what capacity do you know them?

### Data Protection

Personal data supplied on this form will be held by the organisation you volunteer with in accordance with the Data Protection Act 1998. They will be held securely and confidentially. They will be accessed by authorised management.

I agree that occasional pictures and/or videos of me may be used for promotional and marketing purposes. Yes  No

**It is the responsibility of the volunteer to keep the information on this form up to date. It is important that any changes are reported to your volunteer manager as soon as possible.**

I declare the information I have provided is true

Signed

Date

### The following is for office use only

Volunteering should be appropriate for the individual. On some occasions opportunities may not be suitable and in this case we will endeavour to refer people to alternative organisations.

**Placed as a volunteer**  Induction complete

Location

Role

Comments

**Not placed**

Comments

**Referred to alternative opportunity**

Comments

Please send completed form back to