**THE WIDOWS EMPOWERMENT TRUST**

**VOLUNEER REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| **First Name:** | **Surname:** | |
| **Home address:** | | |
| **Telephone No:** | | **Telephone No: Evening** |
| **Email Address:** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What would you like to achieve through your voluntary work at the organisation?** | | | | | | |
| **Do you have any support needs?** | | | | | | |
| **Previous experience(paid or unpaid):** | | | | | | |
| **Any other information relevant to the post:** | | | | | | |
| **Days/hours available:** | | | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **How did you hear our organisation?** | | | | | | |

**Parental guardian consent:**

**If you are aged under 16, please ask your parent/guardian to complete this section.**

**[ ] I give permission for the above person to volunteer with the widows Empowerment Trust and for the organisation to hold their details on file.**

**[ ] I understand that the widow empowerment trust will ask the above person to agree to adhere to all relevant policies and procedures and to sign forms during training appropriate to their role.**

**If you would like to see copies of any from the above person is asked to sign, please contact the CEO.**

**Parent/guardian signature:**

**Print name: Date:**

**Health and Support**

Do you have a disability or health condition that we should be aware of so we can plan your with you and ensure we know what to do in an emergency?(e.g. back problem, asthma, allergies, epilepsy, etc [ ] Yes[ ]No

|  |
| --- |
| If yes please provide details of condition: |

|  |
| --- |
| Are there any specific actions to take in an emergency? |

**Criminal Records:**

Have you ever been convicted of a criminal offence?( you do not need to disclose conviction deemed as ‘spent’ under the rehabilitation of offender Act 1974) Yes[ ] No[ ]

Having a criminal record will not necessarily bar an individual from volunteering with us this will depend on the role sough and the circumstances and background of the offences community service placements do not need to provide conviction information.

If you answered ‘yes’ to the above, please give details of all offence’s penalties and /or police enquires and dates on a separates sheet of paper, in a sealed envelope marked ‘confidential’

**References**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referee Name** | **Relationship to referee** | **Position** | **Address** | **Telephone number** | **Email** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please supply the name and addresses to two referees who know you well. This may be a pervious or current employer, neighbour, head teacher or a pervious volunteer project. Please note that a referee cannot be a relative.

Please sign to confirm that the details contained in the form are a true reflection of the discussion. If I have missed out any important information, my volunteering placement could be stopped.

In signing this form, I understand and agree that data contained in this registration form will be used for volunteer registration purpose and will be used for volunteer registration purpose and will be held on a computer database. I also agree to The Widows Empowerment Trust holding this in paper format in secure area.

**Agreement**

|  |  |
| --- | --- |
| Signed by CEO | Date: |
| Signed by Volunteer: | Date: |