



## Volunteer Registration

### Personal Details

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Name by which you prefer to be known as: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

If you have any disability, please state the nature and specific diagnosis please include the degree of the disability and any medical needs and details (e.g. Epilepsy):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state ethnic origins – please circle the appropriate section:

<b>A – White</b> 1. British 2. Irish 3. Any other White origin	<b>B – Mixed</b> 4. White & Black Caribbean 5. White & Black African 6. White & Asian 7. Any other Mixed origin	<b>C – Asian or Asian British</b> 8. Indian 9. Pakistani 10. Bangladeshi 11. Any other Asian origin
<b>D – Black or Black British</b> 12. Caribbean 13. African 14. Any other Black origin	<b>E – Chinese</b> 15. Chinese 16. Gypsy/Traveller	<b>F – Other</b> 17. Other – please specify 18. Prefer not to disclose



Name, address and date of leaving of last school/college attended:

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## Volunteer Registration

Employment & Experience

Are You Retired? **Yes/No**

Are you employed? **Yes/No**

If yes, is this employment **full time** or **part time**?

Employer's Name:

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Employer's Address:

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Employer's Postcode: \_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

Please give details of any previous and current voluntary work including the nature of this work and who the organisation is/was:

Previous:

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Current:

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Have you ever been convicted of any criminal offence by a court of law? **Yes/No**

If **yes**, please give details:

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## Volunteer Registration

Availability, Support & References

When are you available, i.e. what days each week can you volunteer?

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Please specify your means of transport:

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Please provide details of any relevant qualifications / experience / skills you could bring to The Centre:

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Why do you want to volunteer?

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Please provide the names, full address and telephone numbers of two people, who we may contact for a character reference and suitability for the voluntary work you wish to do with us:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



## Volunteer Registration Administration

Is there anything else you think we need to know?

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How did you hear about The Centre?

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Are you happy for The Centre to use photographic and/or video recording of you, in connection with the day to day workings of the workshops, to be used for monitoring, evaluation, reporting, any publicity and support for further funding applications? **Yes/No**

The Centre is registered under the Data Protection Act and any records kept including these registration details, will meet the legal requirements.

In a role that provides care for vulnerable adults we are required to have a current criminal records bureau check completed on all volunteers.

Please confirm that you have completed this form correctly to the best of your knowledge.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Checked for the Centre by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_