Volunteer Registration Form

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| First Name:  | Surname:  |
| Home Address:  |
| Telephone No: (Day)  | Telephone No: (Evening): |
| Email Address:  |

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| What would you like to achieve through your voluntary work at the organisation?  |
| Do you have any support needs? Please specify |
| Previous experience (Paid or Unpaid): |
| Any other information relevant to the post: |
| Days/hours available – state AM or PM: |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

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| Do you have any special skills or previous experience that we have not asked that you could offer through volunteering?  |

References

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, CICCIC customer, CICCIC associate, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

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| Name  | Your relationship to referee | Their Position | Address | Telephone number | Email |
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The below is only required if you are accepted as a volunteer:

Agreement

Please sign to confirm that the details contained in this form by typing your name. By doing this

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| Signed by Volunteer Support Manager : | Date: |
| Signed by Volunteer : | Date: |

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| For Official Use Only: PVG SchemeSent to CRBS: \_\_\_/\_\_\_/\_\_\_ Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Letter To volunteer: \_\_\_\_/\_\_\_\_/\_\_\_\_Approve / Not Approved / QueryNotes: |