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 Scheme  Sent to CRBS: \_\_\_/\_\_\_/\_\_\_ Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Letter To volunteer: \_\_\_\_/\_\_\_\_/\_\_\_\_  Approve / Not Approved / Query  Notes: |