

Volunteer Registration Form



Personal Details

Surname: _____ Forenames: _____

Home Address: _____

Postcode: _____ Email: _____

Home Tel No: _____ Mobile: _____

Do you hold a current driving licence? ____ Do you have your own transport? ____

Do you have any medical issues that might affect your voluntary activity? Yes No

If yes, do you need any special equipment/help to enable you to carry out the voluntary placement?
Please advise:

.....

Interests/Experience

What are your particular interests and/or areas of expertise?

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.....

Questions	Yes/No	Date Attended/ Achieved
Do you hold a current First Aid Certificate?		
Have you attended a Child Protection Workshop?		

What kind of activities would you like to become involved with? (For example – meet and greeter, event assistant, reception, fruit and veg bag packers, cookery assistants)

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Availability

Please indicate on which day(s) you will be available to volunteer:

Mon Tue Wed Thur Fri Sat Sun

How regular/when could you volunteer?

Occasionally Weekly Monthly Evenings

Activities involving Young People and Disclosures

Volunteers who participate in activities involving children and young people or vulnerable adults will not be able to volunteer their services until a disclosure form has been satisfactorily completed.

- Have you ever completed a CRB disclosure form ? YES NO

If you have already completed a CRB disclosure form please give details below:

- What was the date of your disclosure? _____
- What level was your disclosure? Basic Standard Enhanced
- Please state the name of the organisation, address and contact person who undertook the disclosure:-

Tel No: _____

- If required, I give permission for Links Healthy Living Centre to contact the above organisation to obtain confirmation on my disclosure :
YES NO
- I can provide written evidence of my disclosure :
YES NO

Declaration

I declare that the information contained in this form is correct and I understand that it will be used only in relation to volunteering activities. I understand that the information I have provided will be used for assessing my suitability as a volunteer only and for disclosure purposes and, should I be accepted as a volunteer, Links Healthy Living Centre will retain a record of my personal details.

All records of Links Healthy Living Centre are maintained in compliance with the principles of the Data Protection Act 1998. The information will not be shared with any other organisations or used for any other purpose. Please note that if no suitable voluntary role is available we will keep your details on file for up to one year, after which we will review your availability/interest before removal.

Signed _____

Date _____

Thank you for completing this form. Please return to:

Lydia Orford, Links Healthy Living Centre, Civic Hall, Civic Way, Ellesmere Port, Cheshire, CH65 0AZ.

For Admin Purposes Only:

Applicant No	Date of Application	Disclosure Ref	Date sent To HR	Initials