Volunteer Registration Form 

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| First Name:  | Surname:  |
| Home Address:  |
| Telephone No: (Day)  | Telephone No: (Evening): |
| Date of Birth:  |
| 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: |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

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| How did you hear about our organisation? |

What project do you want to volunteer for?

1. What Next? (weekdays x 2) 🞏
2. Freedom2Choose (Saturdays) 🞏
3. Family Voice Hub (Buddy System) 🞏
4. All of the above 🞏

***All volunteers are required by law to complete Enhanced AccessNI vetting, please tick box if you agree to comply with this***: □

Who would we contact in the case of emergency?

**Agreement**

Please sign to confirm that the details contained in this form are an accurate description of you.

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