The Meadows Volunteer Registration Form

Thank you for registering as a volunteer. If you are unsure about any part of this form please ask for assistance. Return to a member of the team or scan over to enquiries@wirksworth.gov.uk Date of application: Individual details Title: Mr Mrs Miss Ms Other (please specify): Full Name: _____ Address: Postcode: _____ Telephone: _____ Mobile: _____ Experience, Skills, Abilities & Availability: Please give details of any relevant work experience (including any professional qualifications and/or memberships): Please give details of your relevant interests, skills and hobbies Why do you want to volunteer & what do you wish to achieve from volunteering? Gain confidence Friendship & Belonging Improve skills & experience Stepping stone to employment Make a difference Personal growth A sense of accomplishment Career change Improve health Recognition & Feedback Training Opportunities Other:

What times are you available for volunteering? (Please tick all that apply)

	MON	TUES	WED	THUR	FRI	SAT	SUN
AM							
PM							
EVE							

Which age group are you in?

Under 15	15-18	19-25	26-29	30-34	35-39	
40-44	45-49	50-54	55-59	60-64	Over 65	

We would be grateful if you could take time to complete the following optional information. This will only be for monitoring purposes:

What is your current employment status?

Employed	Employed part-time	House Person	Unemployed	
Self-employed	Student	Unable to work	Retired	

Self-employed	Student	Unable to work	Retired	
s there anything	else you'd like to tell us v	which may be relevant	to your volunteer	ing with
	4			
Data Protection				
 You have th 	vill we provide any of your e right to see any informa n as a computer database	ation about you that we	•	
retrieval sys	e right to challenge us ab tem and have this chang e right for your details to	ed.		nold in a
 We may con 	npile statistical data from		3	
	to a particular individual. For sell or give our mailing	lists to a third party		
	s will be kept on our com			
A DBS check may	ring Service Certificates v be carried out. No criminate nake every effort to make		oe made without	your cons
	n & safety is a priority, you sible for your own health	D - 1 -		
safety at all time	•	α - 3331		
Please give detai family members):	ls of two referees that we	can contact regarding	g this application	(not
Name :				
Address:				
Tel/Email:				
Name :				
Address:				

Emergency Contact details: Name_____ Tel: _____

Tel/Email: