



Volunteer Registration Form

1 Name (Ms/Miss/Mrs/Mr) _____

Address _____

Town _____ **Postcode** _____

Work Tel _____ **Home Tel** _____

Mobile: _____ **Email** _____

Date of Birth _____

2 Please tick which one of the following best describes your situation?

Paid employment full-time	<input type="checkbox"/>	Further Education/Training	<input type="checkbox"/>
Incapacity benefit/DLA	<input type="checkbox"/>	Unwaged	<input type="checkbox"/>
Retired/Early retired	<input type="checkbox"/>	Carer	<input type="checkbox"/>
Paid employment part-time	<input type="checkbox"/>	Asylum seeker	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	On a working holiday	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	Full time parent	<input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>	School	<input type="checkbox"/>
Other <input type="checkbox"/>			

3 Do you have any particular skills, qualifications or experience that you'd like to use when volunteering?

4. Do you consider yourself to have a disability/health issues that might affect your volunteering in HOPE?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you wish, please give details _____

5. Is there any kind of support you feel you might need during HOPE?

Please describe. _____

6. Is there any reason why you cannot work with children or adults in regulated activity?

- *Regulated activity with children includes, but is not exclusive to; teaching and training , care and supervision advice or guidance, health care, personal care, transportation*
- *Regulated activity with adults includes, but is not exclusive to; providing health care, providing personal care, providing social work, assistance with general household matters, assistance in the conduct of a person's own affairs and conveying*

7. Availability

What days and times might you be able to help us? (Please select all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____

Dated: _____

Thank you for completing the form.

HAVING A CRIMINAL RECORD WILL NOT NECESSARILY DEBAR YOU FROM VOLUNTEERING AT HOPE. THIS WILL DEPEND ON THE NATURE OF THE POSITION, TOGETHER WITH THE CIRCUMSTANCES AND BACKGROUND OF YOUR OFFENCES OR OTHER INFORMATION CONTAINED ON A DISCLOSURE CERTIFICATE OR PROVIDED DIRECTLY TO US BY THE POLICE.