

VOLUNTEER REGISTRATION FORM

Title:	First Name:	Surname:	Date of Birth:
Address:			
Telephone: Home:		Work:	
Mobile:		E-Mail:	
Car driver?		Own car?	
Status (please tick)			
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/>
<input type="checkbox"/> Working Part-time	<input type="checkbox"/> Working Full-time	<input type="checkbox"/> Long term sick/disabled	<input type="checkbox"/>
Other (please specify)			
<p>Age Concern Woking currently require volunteers for the following:-</p> <p>Becoming a 'friend' to an older person (1-2 hours per week in client's home) Offering temporary friendship and support to an older person returning from hospital Occasional help in office (answering phone, simple data entry etc) Home fire risk checks (after training at Woking Fire Station) Fund raising</p> <p>I would be interested in helping with/learning more about:-</p> <p>BECOMING A FRIEND yes / no</p> <p>HOME FIRE RISK CHECKS yes / no <small>(training takes place approx 4 times per year)</small></p> <p>HELPING IN OFFICE yes / no <small>(as and when required)</small></p> <p>FUND RAISING yes / no</p> <hr style="border-top: 1px dashed black;"/> <p>Why did you choose to be a volunteer with Age Concern Woking?</p>			

Please give details of two referees. These referees MUST NOT BE FAMILY MEMBERS and must have known you for at least 2 years.

Name	Name:
Address	Address:
Postcode	Postcode:
Tel No:	Tel. No:
Relationship to you:	Relationship to you:

As an agency working with vulnerable people, we are required to arrange for a criminal records check to be carried out on all our volunteers (see attached for more details and copy of Privacy Policy).

Do you give permission for us to make arrangements for this check to be made?

Data Protection Act 1998

Information on our database is strictly confidential and we do not pass on any personal data about you to outside organisations and/or individuals without your express personal consent. Please indicate if you agree that we may keep basic information from this form on computer?

Is there any additional information that you would like to add?

I certify that all the information given on this form is correct

Signature:

Date:

THANK YOU FOR YOUR INTEREST IN AGE CONCERN WOKING