



El-Shammah

Home for Abandoned Babies & Place of Safety

VOLUNTEER REGISTRATION FORM

PERSONAL DETAILS

TITLE: MR MRS Ms MISS OTHER

FIRST NAME (S): _____ SURNAME _____

EMAIL: _____

ADDRESS: _____

CODE: _____

CONTACT NUMBERS MOBILE: _____ WORK : _____
HOME: _____

VOLUNTEERING

If you know what role or type of volunteering you would like to do, please give us details:



How regularly do you wish to volunteer? (mark with an X)

Monthly	Fortnightly	Weekly	More Often
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When would you be available to start volunteering? _____

Please tick the hours you are available to volunteer.

	AM	PM	EVENING
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

OTHER INFORMATION

Are you under 18? YES NO

If yes please give us your date of birth _____

Do you currently have a valid driver's license? YES NO

If yes, do you have the use of a car? YES NO

CRIMINAL RECORD CHECK

PLEASE NOTE: For some roles where there will be contact with vulnerable groups or people we may need to do criminal record checks.

If you have any of the questions about your own situation and would like to discuss this in person, please contact us.



What interests, skills and experience could you bring to our organisation? Please give us examples from your home or work life and tell us why you want to volunteer?

VOLUNTEERS WITH DISABILITIES

We welcome applications from volunteers with disabilities. Do you have any special requirements or health issues that you would like to tell us about or that may have an impact on any activity you may do?

REFERENCES

Please give us two references. Both should know you well and for a minimum period of one year. No family members will be accepted. We will only contact them if you are accepted as a volunteer.

Reference 1	Reference 2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Cell: _____	Cell: _____



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How do you know this person? How long have you known this person?

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In education

Permanently employed

Temporarily employed

Unemployed

Retired

Stay at home (Housewife/House Husband)

Out of work due to sickness or disability

Other

(Please specify)

DATA PROTECTION ACT

Your personal details will be treated as confidential and kept for no longer than necessary. If you are accepted as a volunteer the information you have provided on this volunteer registration and monitoring information form will become part of your volunteer records which will be used to plan and record your practical involvement as a volunteer.

Would you like to be contacted with information about fundraising events and volunteering activities other than the one you have applied for? If yes, please tick one of the boxes below if you are happy to be contacted by:

Phone | SMS | Email

I am aware that the information I have provided will be treated confidentially and consent to it being used and stored in the capacity stated?

Signature:

Date:

OFFICE USE ONLY	
<i>Date received:</i>	
<i>Received By:</i>	
<i>Processed By:</i>	