

Volunteer Registration form

CONFIDENTIAL



Name:

Date of Birth:

Address:

Phone number:

Mobile:

Email address:

Emergency contact details

Name:

Address:

Phone number:

Mobile:

Relevant medical history:

Volunteer information

Have you volunteered before, if yes where:

Have you been referred by a volunteer:

Have you been convicted of any criminal offence or have legal proceedings pending? (DBS related):

Do you hold a first aid qualification? If yes please give details...

Please provide details of any relevant training/qualifications you may hold:

THIS FORM WILL BE RETAINED IN A SECURE, CONFIDENTIAL MANNER BY HOMES4ALL

NB: All information will be held in accordance with the Data Protection Act 1998

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