Welwyn & Hatfield Community & Voluntary Service
Bill Salmon Centre, 88 Town Centre, Hatfield, Herts AL10 0JW. Telephone No: 01707 274861 Fax: 01707 258845
Email:whvolbureau@whcvs.org.uk www.whcvs.org.uk

Registration Form for Volunteers

PERSONAL DETAILS

Title: First Name: Surname: Male/Female Salutation

Address:

Town: County: Post Code:

Geographical area: *(ie where you want to volunteer)*

Telephone No: *(daytime)* Fax:

Telephone No: *(evening)* E-mail:

Age (if under 15) …… Age group 15-18 ☐ 19-25 ☐ 26-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ over 65 ☐ *(please tick one)*

Date of Birth*:* _____

Status: Employed ☐ Unemployed ☐ House person ☐ Student ☐ Self-Employed ☐ Retired ☐ *(please tick one)*

Nationality*:*_____

Ethnic Origin: Asian ☐ Black ☐ White ☐ Mixed Heritage ☐ Please specify Other ☐ *(please tick one)*

Religion*:*_____

Disabled: Not Disabled ☐ Self-Classifying ☐ *(please tick one)*

Do you have your own transport? Yes ☐ No ☐

Do you have a current driving licence? Yes ☐ No ☐

Do you have any special requirements that need to be taken into account when finding you an opportunity? *(eg Access requirements etc)* Yes ☐ No ☐

If yes, please specify:

How did you hear about us?

☐ Friend ☐ Internet ☐ Media ☐ Telephone Directory
☐ Passing by ☐ School ☐ Job Centre ☐ Voluntary Organisation
☐ Library ☐ Word of Mouth *(please tick one)*

Previous work/voluntary work details: *(Anything you feel will help us find an opportunity for you)*

Availability: (please tick all appropriate boxes

	Sat	Sun	Mon	Tue	Wed	Thur	Fri
am							
pm							
eve							

Area of Benefit/Interest: (Who/what would you like to help?) *Please tick appropriately (Maximum of 3)*		**Type of Activity:** (What would you like to do?) *Please tick appropriately (Maximum of 5)*	
	Animals		Administration
	Arts and Culture		Advice Work and Counselling
	Children and Youth		Architecture and Building Work
	Disability		Art
	Disaster Relief		Befriending and Buddying
	Domestic Violence		Business, Management and Research
	Drugs and Addiction		Campaigning and Lobbying
	Education and Literacy		Caring
	Elderly		Catering
	Employment		Community Work
	Environment		Counselling
	Families		Computers, Technology and Website
	Gay, Lesbian, Bi and Transsexual		Driving (own car, minibus or transit van) *Please delete*
	Health, Hospitals and Hospice		Employee and Group Volunteering
	Heritage		Entertainment
	Homelessness and Housing		Finance Work
	Human and Civil Rights		First Aid
	International Aid and Disaster Relief		Fundraising
	Legal Aid and Justice		Furniture collection and delivery
	Mental Health		Gardening
	Museums		General helping
	Music		Hostel Work
	Politics		Languages
	Prisoners and Ex-Offenders		Local Events
	Race, Ethnicity and Refugees		Legal Work
	Religion		Music
	Sports and Outdoor Activities		Marketing, PR and Media
	Women's Groups		Meals on wheels
	Youth		National and International events
			Officials
			Practical Work and DIY
			Retail and Charity Shops
			Sports and Development
			Teaching, Training and Coaching
			Typing and Word Processing
			Under 16 Volunteering
			Youth

Names, addresses and phone numbers of two referees: *(must not be related to applicant)*

I hereby give permission to the Volunteer Bureau to pass this information to organisations looking for volunteers.

Print name: _____

Date: _____ Signed: _____