

**Personal Details**

Title: (please circle the appropriate option) Mr / Mrs / Miss / Ms

Other: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact (e.g. mobile, email etc.): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you have a DBS certificate? \_\_\_\_\_

**Emergency Contact Details**

Full Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Tel: \_\_\_\_\_

**Employment Status**

(please tick the appropriate option):

Employed       Unemployed       Retired       Student

Unable to work (legal status)       Home care responsibilities

Other \_\_\_\_\_

**How did you hear about us?**

(please tick the appropriate option)

Friend / Family       Social Media       Merchants' Place website

Job Centre       Publicity Event       Merchants' Place Staff

Other \_\_\_\_\_

## About You

Please state your method of transport: \_\_\_\_\_

Do you hold a valid UK driving licence? \_\_\_\_\_

Please give details of any previous voluntary work: \_\_\_\_\_

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## North Norfolk Volunteer Hub has a list of roles advertised via the hub or online

If interested in a role please state reference number below

Ref no.	Ref no.	Ref no.	Ref no.	Ref no.
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## Please indicate your availability for voluntary work:

(please tick where appropriate)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

What commitment are you looking for in your volunteering role:

Regular

Occasional

Emergencies

## Your Volunteering

Please indicate the reasons why you would like to volunteer:

(please tick the appropriate reasons)

Help others

Develop new skills

Gain confidence

Gain training

Make new friends

Help with employment

Make use of spare time

Practice skills

Other: \_\_\_\_\_

What hobbies do you have that you would like to use in your volunteering role?

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Do you speak any other languages?

(please tick the appropriate option)

Yes

No

If yes, what languages can you speak other than English?

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Can you effectively use sign language?

(please tick appropriately)

Yes

No

**Personal Information \* optional**

\*Are you registered as disabled?

Yes

No

If yes, please give details \_\_\_\_\_

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\* Do you have or have you ever suffered with a physical health issue that would affect your volunteering abilities?

(please tick appropriately)

Yes

No

If yes, please give details \_\_\_\_\_

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\* Do you have or have you ever suffered with a mental health issue that would affect your volunteering abilities?

(please tick appropriately)

Yes

No

If yes, please give details \_\_\_\_\_

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\* Are you currently receiving support from a person / service? E.g. carer/social worker.

(please tick appropriately)

Yes

No

If yes, please give details \_\_\_\_\_

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I understand and confirm that:

All of the information I have given on this form is true and correct to the best of my knowledge.

**Data Protection**

- Merchants' Place will retain the information given on the registration form for 3 years and will use the information to find appropriate volunteering opportunities.
- Individuals have the right to request a copy of all information held about them at any time.
- Individuals have the right to request all information held be destroyed.
- I give consent for a copy of the registration form to be passed to the matched organisation if appropriate. Yes  No
- MP would expect all organisations to be data compliant, and will take all reasonable steps to ensure good practice, however MP are not responsible for the actions of other organisations.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please give details of 2 people who we may contact for a character reference.**

\*Relatives are excluded. Must have known individuals for a minimum 2 years

**Person 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Person 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Thank you for volunteering. You make a difference.

For office use only

Vol ref number: VH18 __		
Date form received:	Via hub	Website
UK driving licence number (for driving role)		
Existing DBS certificate number		
Role 1.	Ref no.	
Role 2.	Ref no.	
Org contacted:  Person responsible:	Via tel	Via email
Date of introduction		
Date DBS applied for		
Date DBS received		DBS certificate number
Copy reg. form to org If yes to who?		
Follow up with volunteer	Date	Date
Feedback?		