

National Churches Trust

Volunteer Registration Form

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| **Name:** |

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| **Home Address:** |

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| **Telephone:** |

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| **Mobile:** |

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| **Email:** |

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| **What would you like to achieve through your voluntary work at the organisation?** |

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| **Do you have any support needs? Please specify** |

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| **What previous experience do you have that may be relevant to this role?** |

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| **Please indicate below when you would be available to volunteer** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

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| **References:**  **Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.** |

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| **Name:** |

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| **Relationship to referee:** |

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| **Address:** |

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| **Telephone:** |

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| **Mobile:** |

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| **Email:** |

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| **Name:** |

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| **Relationship to referee:** |

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| --- |
| **Address:** |

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| **Telephone:** |

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| **Mobile:** |

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| **Email:** |

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| **Declaration**  **I declare that the information that I have supplied in this form is accurate.** |

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| **Name:** |

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| **Signature:** |

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| **Date:** |

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| **Office Use** |

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| **Outcome of Volunteer Registration for** |