

National Churches Trust

Volunteer Registration Form

|  |
| --- |
| **Name:**  |

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

|  |
| --- |
| **Telephone:** |

|  |
| --- |
| **Mobile:**  |

|  |
| --- |
| **Email:**  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

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

|  |
| --- |
| **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.** |

|  |
| --- |
| **Name:**  |

|  |
| --- |
| **Relationship to referee:**  |

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

|  |
| --- |
| **Telephone:** |

|  |
| --- |
| **Mobile:**  |

|  |
| --- |
| **Email:**  |

|  |
| --- |
| **Name:**  |

|  |
| --- |
| **Relationship to referee:**  |

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

|  |
| --- |
| **Telephone:** |

|  |
| --- |
| **Mobile:**  |

|  |
| --- |
| **Email:**  |

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

|  |
| --- |
| **Name:** |

|  |
| --- |
| **Signature:**  |

|  |
| --- |
| **Date:**  |

|  |
| --- |
| **Office Use**  |

|  |
| --- |
| **Outcome of Volunteer Registration for**  |