**Volunteer Registration Form**

**Full Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DD/MM/YY)

|  |
| --- |
| **Do you have any special requirements that we need to be aware of or any issues that may affect your volunteering?** (E.g. communication support, ramp access, large print, caring responsibility) |

|  |
| --- |
| **Contact Details:** |
| AddressPost Code  | Home phone Number |
| Mobile Phone Number |
| Email address |

How would you prefer to be contacted: Email [ ] Post [ ] Mobile [ ] Phone [ ]

|  |
| --- |
| **Emergency Contact Details:** |
| Name:  | Home phone Number: |
| Address:Post Code | Mobile Phone Number: |
| Relationship to you: |  |

**In what volunteering role would you like to support carers or young carers at the Carers Centre?**

**Availability: Let us know when you are available to volunteer (please tick as appropriate)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUES | WED | THURS | FRI | SAT | SUN |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| EVENING |  |  |  |  |  |  |  |

**Please give details of your relevant experience and skills that you are able to bring to a volunteering role?**

**(**Please continue on a separate sheet if necessary)

**Please tell us in a few words why you want to volunteer and what you want to get out of it?**

(This is so we can ensure the experience is as meaningful and useful to you as possible)

**How did you hear about volunteering opportunities at Wigan and Leigh Carers Centre?**

Carers Centre Website [ ] Do-it Website [ ] Presentation [ ] Poster/leaflet [ ] Word of mouth [ ] Other [ ] (please specify)

**Referees**

Please supply the names and contact details of two people who can provide a reference for you. They should know you well, e.g. previous employer, neighbour, head teacher, previous volunteering project, etc. Please note that referees should be aged 18 or over and should not be related to you.

|  |  |  |
| --- | --- | --- |
| **Referee 1** |  | **Referee 2** |
| Name |  | Name |
| Relationship to you |  | Relationship to you |
| How long have you known them |  | How long have you known them |
| Address (including postcode) |  | Address (including postcode) |
| Telephone |  | Telephone |
| Email |  | Email |

Have you ever been barred or prevented from working or volunteering with children or vulnerable people? Yes / No

Please provide 1 piece of personal identification to support your application. This will be used to verify your identity.

A Disclosure & Barring Service (DBS) check will need to be undertaken depending on the role and nature of the people you would be supporting. This will be discussed.

**Declaration**

I confirm that the above details are correct, and that I am happy for Wigan and Leigh Carers Centre to use my details in order to find me appropriate voluntary work. The information provided will only be used in accordance with Wigan and Leigh Carers Centre confidentiality policy and data protection legislation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please return this form to:** Louise Winstanley

Wigan and Leigh Carers Centre

3-5 Frederick Street

Hindley, Wigan

WN2 3BD

[louise@wlcccarers.com](louise%40wlcccarers.com)