Volunteer Registration Form

Thank you for your interest in volunteering with Torbay Coast and Countryside Trust.

This form is designed to help us make sure that you get the most out of volunteering with Torbay Coast and Countryside Trust. Any information that you provide will be treated confidentially.

# Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  |  | Title |  |
|  |  |  |  |  |
| First names |  |  | Date of Birth |  |

|  |  |  |
| --- | --- | --- |
| Address |  | Telephone |
| ………….…………………………….............................  ……………………………………………………………………  …………………………………… Postcode      …………. |  | Day      …………………….…  Evening      ………………….  Mobile      …………………… |

|  |  |
| --- | --- |
| Email |  |

Do you have a current driving licence?

Yes  No

Do you have the use of a car?

Yes  No

Please indicate if you have any special needs e.g. for access, large print

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|  |

Where did you hear about volunteering with the Trust?

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|  |

# Availability & Areas of Interest

# What is your likely availability for volunteering?

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| --- |
| ………………………………………………………………….  ………………………………………………………………………… |

Are you available at weekends?

Yes  No

What would you like to get out of volunteering with the Trust?

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| ………………………………………………………………………………………………………….  ………………………………………………………………………………………………………................ |

Is there a particular area of the Trust’s work that you are interested in getting involved with?

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| …………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………. |

# Skills & Experience

Please tell us about any relevant qualifications, skills and/or training courses attended.

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| ………………………………………………………………………………………………………….  ………………………………………………………………………………………………………................ |

Please tell us about your past / present employment, including other volunteering experience.

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| ………………………………………………………………………………………………………….  ………………………………………………………………………………………………………................ |

Please tell us about hobbies and interests, including societies or groups you are part of.

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| ………………………………………………………………………………………………………….  ………………………………………………………………………………………………………................ |

# Other Information For completion now or when the Trust makes you an offer

**References**

Please provide details of two people (not relatives) who would provide a character reference for you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Name |  |
|  |  |  |  |  |
| Relationship |  |  | Relationship |  |

|  |  |  |
| --- | --- | --- |
| Address |  | Address |
| ………….……………………………........  …………………………………………………….  ………………..……Postcode      …………. |  | ………….……………………………........  …………………………………………………….  …………………….…Postcode      ……….. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Telephone |  |  | Telephone |  |

**Emergency Contact**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Relationship |  |

|  |  |  |
| --- | --- | --- |
| Address |  | Telephone |
| ………….…………………………….............................  ……………………………………………………………………  …………………………………… Postcode      …………. |  | Day      …………………….…  Evening      ………………….  Mobile      …………………… |

Please make sure you let us know if these details change.

**Other Information** – continued

**Disclosure and Barring Service Check** (formerly Criminal Records Background check)

If your role involves working with children or vulnerable adults or handling money the Trust may need to carry out a DBS check. We will discuss this with you before you start volunteering with us.

**Health Declaration**

Please tell us about any health issues or medical conditions you have that may impact on your volunteering role with us.

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| ………………………………………………………………………………………………………….  ………………………………………………………………………………………………………................ |

By signing this form you are declaring that you are fit to undertake the role agreed with the Trust and have no conditions or health problems not already detailed above, that may affect your ability to carry out your role. You must advise the Trust if your circumstances change.

# Confidentiality

The submitted data will be held on the volunteering database in line with the Data Protection Act. It will not be divulged to any other organisation, and will only be used for the purpose of supporting you as a Torbay Coast and Countryside volunteer.

We will usually keep in touch with you by email. Please let us know if you prefer to be contacted by:

Email  Phone  Post

From time to time we may send you information related to the Trust’s work, such as events and membership. Please let us know if you do not want to be on our mailing lists:

We often take pictures of our volunteers at work. Please let us know if you are happy for us to use pictures of you volunteering for external promotional use relating to the Trust’s work:

By signing below you are confirming that the information you have given on this form is correct.

|  |
| --- |
| Signature |
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| --- |
| Date |
|  |

(If you are emailing this form we will ask you to sign it when you have your first meeting with a volunteering manager from the Trust.)

**Torbay Coast & Countryside Trust use**

|  |  |
| --- | --- |
| Date registration form received: |  |
| Date of first meeting: |  |
| References taken up: |  |
| Induction date: |  |
| Role offered: |  |

Please return your completed form to: [info@countryside\_trust.org.uk](mailto:info@countryside_trust.org.uk) or

Torbay Coast and Countryside Trust, Occombe Farm, Preston Down Road, Paignton TQ3 1AT