

# Volunteer registration and booking form

Please answer questions **IN BLOCK CAPITALS**

## Section 1

Surname \_\_\_\_\_  
Mr/Ms/Mrs/Miss \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Name you prefer to be known by \_\_\_\_\_

## Section 2

Address \_\_\_\_\_  
Town \_\_\_\_\_  
County \_\_\_\_\_ Postcode \_\_\_\_\_  
Country \_\_\_\_\_  
Email \_\_\_\_\_  
Tel: (include code) home \_\_\_\_\_  
work \_\_\_\_\_  
mobile number \_\_\_\_\_

Contact address if different from above  
\_\_\_\_\_  
\_\_\_\_\_

Dates you will be at this address – from: \_\_\_\_/\_\_\_\_/\_\_\_\_  
to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Contact telephone no. if different from above \_\_\_\_\_

## Section 3

Nationality \_\_\_\_\_  
Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you previously registered with Vitalise? Yes  No

## Section 4

**I would like:**

- To book a place as a residential volunteer
- To help in a shop or in my local Vitalise Centre or Service
- More information on becoming a sighted guide
- To help with or be kept informed of fundraising activities

## Section 5

To be completed by residential volunteers only.

I would like to help at (Vitalise Centre) \_\_\_\_\_  
From (dates) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

I am happy to help at any Vitalise Centre at any time   
or in the period \_\_\_\_\_

If you are volunteering as part of a group booking or through an agency or organisation, please give details below (college/company etc).

## Section 6

Please give details of special dietary requirements  
(eg: vegetarian/vegan) \_\_\_\_\_  
\_\_\_\_\_

Do you have any other special requirements relating to a disability, medical or cultural needs? Yes  No

Please give brief details or contact us (in confidence) for advice.

Special requirements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 7

We need to take two references for all volunteers. You may use your tutor or group leader for one. (Check with them first.)

**If you have previously worked in a caring capacity, please give this as one of your referees.**

**Your references must be in place before you volunteer.**

If you can please send your references with the booking form this would be ideal and save time and postage too!

**Referee 1:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

Tel \_\_\_\_\_  
Email \_\_\_\_\_

**Referee 2:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

Tel \_\_\_\_\_  
Email \_\_\_\_\_

## Section 8

Please give details of someone to contact in case of an emergency:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Tel: (include code) \_\_\_\_\_

## Section 9

Are you employed? Yes  No

Occupation (this can help us with future marketing) \_\_\_\_\_

Are you in full time education or training? Yes  No

Please give details of any particular hobbies or interests (this can help us with future marketing) \_\_\_\_\_  
\_\_\_\_\_

## Section 10

How did you hear about volunteering with Vitalise?  
\_\_\_\_\_

(Please give as much detail as possible, eg: do-it web site, advert in The Guardian, poster at workplace, through a friend, etc).

Would you like a sponsorship form to help raise money to cover our volunteer costs? Yes  No

**DATA PROTECTION:**

The information supplied on this form will be held on computer/paper records in accordance with the Data Protection Act 1988 and helps us in delivering and monitoring our service, as well as raising much needed funds.

We may on occasions allow other organisations that support our work to contact you too. If you would like to receive this information, please tick this box

## Section 11

**DECLARATION:**

**Under the 'Rehabilitation of Offenders Act (exemptions order 1975)' and other regulations, we need to ask the following:**

Do you have any convictions for criminal offences (including spent convictions)? Yes  No

Have you ever had any allegations of abuse or malpractice made against you (whether proven or not)? Yes  No

Any convictions or allegations will not necessarily bar you from volunteering with us.

Any details will be kept confidential.

If you are unsure about this please contact us.

To the best of my knowledge, the information given on this form is correct

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this form to:

**Vitalise, Shap Road Industrial Estate, Shap Road, Kendal, LA9 6NZ**  
**Tel: 0845 330 0148 From outside the UK: 0044 1539 814 682**  
**Fax: 01539 735567**  
**Email: volunteer@vitalise.org.uk Website: www.vitalise.org.uk**