

SHPRESA PROGRAMME

Mansfield House
30 Avenons Road
London, E13 8HT
Tel: 020 7474 6829 or 020 7511 1586
Email:shpresaprogramme@yahoo.co.uk

Volunteer Registration Form

Thank you for deciding to volunteer for us. To enable us to offer you the support and advice please take few minutes to complete this registration form. If you are unsure about any part of this document please ask for advice or assistance.

We will keep your information safe and confidential and will disclose only with your consent.

Criminal Records Certificate

Sensitivity of the work with vulnerable people (children and people with mental health problems), requires a Criminal Record check to be carried. This will be arranged by us.

Your details

Mr/Mrs/Ms/Miss (please circle one)

First Name: _____

Surname: _____

Address: _____

Postcode _____

Daytime tel.: _____

Evening tel.: _____

E-mail: _____

D.O.B.: _____

Gender: **Male** **Female** (please circle)

Age Group (please circle)

16-25	26-29	30-34	35-39	40-50	50-60	over 60
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Choose not to disclose (please tick)

Nationality: _____

Religion: _____

If you wish not to disclose please tick the box

Do you consider yourself to be disabled or to have any specific support needs?

Yes

No

Do not wish to disclose

If yes please tell us more: _____

Please tick each box when you are available for volunteering

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.					
p.m.					

Employment Status:

Employed (full time)

Employed (part time)

Unemployed

Self-employed

Student/training scheme

Retired

Other

If other please tell us more: _____

Previous involvement in volunteering

- Have you previously volunteered for another organisation or project

Yes/No

If yes please tell us more _____

- Was the volunteering during the last 12 months?

Yes/No

Please tick the box what you would like to do?

Befriending, Interpreting & Advocacy	
Teaching	
Dancing	
IT, administration, reception	
Other, please specify	

From time to time we would take pictures of you during trainings and work and use them in our publicity and with funders. To do this we would need your permission, so we are asking you to give your consent by signing below (you can choose not to):

Name: _____ Signature: _____

Date: _____

Thank you for taking the time to fill this form