

Helping Hands

Registration Form for Helping Hands Volunteers

VOLUNTEER BUREAU FOR TENDRING Registered Charity no. 287347


PERSONAL DETAILS

Title: _____ First Name: _____ Surname: _____

Address: _____

Town: _____ County: _____ Postal Code: _____

Geographical Area: *(i.e. where you want to volunteer)*

 Telephone	 Mobile	 E-mail
---	--	---

Date of Birth: _____ Age: _____ Gender: Male Female

Do you have a current driving licence? *(Please specify type)* _____

Do you have your own transport? Yes No

Would you be prepared to use your car for voluntary driving Yes No

Do you have any special requirements that need to be taken into account when finding you an opportunity? *(eg. Access requirements etc..)* Yes No

Do you have a Police Record? Yes No

If yes please give details

(NB Volunteer Drivers will need to complete a CRB check)

How did you hear about us?

- | | | | |
|--|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Internet | <input type="checkbox"/> Media | <input type="checkbox"/> Telephone Directory |
| <input type="checkbox"/> Passing by | <input type="checkbox"/> School | <input type="checkbox"/> Job Centre | <input type="checkbox"/> Voluntary Organisation |
| <input type="checkbox"/> Other <i>(Please specify)</i> | | | |

Previous work/voluntary work details: *(Anything you feel will help us to find an opportunity for you)*

Availability:

	Sat	Sun	Mon	Tue	Wed	Thurs	Fri
AM							
PM							
EVE							

Please tick appropriate boxes

Type of Activity: (What would you like to do?) Please tick appropriately	
<input type="checkbox"/>	VOLUNTEER DRIVING
<input type="checkbox"/>	WHEELCHAIRPUSHING
<input type="checkbox"/>	RETAIL VOLUNTEER
<input type="checkbox"/>	GARDENING
<input type="checkbox"/>	HELPING HANDS 'TEKKIES'
<input type="checkbox"/>	HANDY WORK (MINOR MAINTENANCE)

Please give the names and addresses of 2 people who we may approach for references:

Name	Name
Address	Address

I hereby give permission to Helping Hands to enter the information on their Computer database, to be used for administration purposes only, on the understanding that details will not be divulged to outside parties without my ermission.

Print Name:

Date: Signed.....

Please return this form to our Central Office at Clacton-on-Sea:

**Helping Hands
26 High Street
Clacton-on-Sea
Essex C015 1UQ
01255 427888**

Phone 01255 427888 or email us at volb@tendring291.fsnet.co.uk or help completing 2 this form