

# Volunteer Registration Form



<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
<b>First Name</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Telephone Number</b>	Home: <input type="text"/> Mobile: <input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Occupation</b>	<input type="text"/>
<b>Emergency Contact</b>	Name: <input type="text"/> Telephone Number: <input type="text"/> Relationship: <input type="text"/>
<b>Volunteer Role</b>	<input type="text"/>

**Work History (paid or unpaid) covering the past five years:**

From	To	Organisation Name	Position Held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Relevant Training and Qualifications (please continue on a separate sheet if necessary)**

Dates	Where Trained	Qualification Gained
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please tell us about your hobbies/interests (e.g. golf, music, gardening etc.)**

**AVAILABILITY:** Please note:

- We would appreciate a minimum commitment of six months
- Some admin/fundraising roles are flexible and do not require a fixed day

Please indicate with a tick which days you are currently available.

	MON	TUES	WEDS	THUR	FRI	SAT	SUN
AM							
PM							
Evening							

Please provide the names of two people who can provide a reference for you. (They MUST NOT be members of your family or friends, and one must be from a professional in your field for certain roles).

NAME \_\_\_\_\_

NAME \_\_\_\_\_

TEL NO \_\_\_\_\_

TEL NO \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

**DO YOU HAVE ANY PERSONAL EXPERIENCE OF CANCER OR BEREAVEMENT? YES / NO**

Please note that for some roles we do not take volunteers who are currently or recently (within the last 2 years) affected by cancer or bereavement issues or who have been accessing The Mulberry Centre support services. If you have recent experience of either you may be able to register as in one of our Community and Fundraising Volunteer Roles.

If YES please Provide details: \_\_\_\_\_

For Counselling, Therapy and Workshop roles we require the following, please tick if you have these and give details. Please bring in the documents you have for our records.

DBS Certificate	Insurance Certificate	Certificate of Professional Membership	Certificates of your qualifications & CV

I declare that the information given above is correct. I understand that in the event of any of this information being incorrect it may result in termination of my voluntary work agreement.

The Mulberry Centre is committed to protecting your privacy and this policy is written in accordance with The General Data Protection Regulation ([EU 2016/679](#) (Data Protection Act UK (2018))).

We collect personal information about you when you register to volunteer with us. This may include your name, addresses, telephone numbers, photographs and other personal details. By signing the document, you give permission for The Mulberry Centre to hold and process personal information and this includes consent to email you with service updates and information relevant to your volunteering role.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_