



Blackburn & Darwen
District Without Abuse

Prospective Volunteer Registration Form

Name:	Telephone:
Address:	E mail Address:
Postcode:	Date of Birth:

Please tell us what you know about Blackburn, Darwen and District Without Abuse and what you want to gain from your volunteering experience. Are there any particular aspects or areas that you would like to learn about or become involved with through volunteering?

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Which Tasks are you interested in being considered for?

(Please tick all that apply)

TASK	TICK
Coffee morning Activity leader (adults)	
Coffee Morning Activity Leader (children)	
Refuge Activity Leader	
Programme Facilitator	
Awareness raising in schools	

What times are you available to volunteer?

Day	Morning	All day	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Volunteers typically work between 3 and 15 hours a week

How many hours would you like to volunteer?

Please tell us about any experience, skills, hobbies or qualifications which you feel support your application. If you have applied for a post which involves working with children please tell us about any experiences you have had working with children. Please include dates, ages of children and type of activities.

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We welcome applications from people who speak languages in addition to English do you speak, read or write any other languages?

Do you hold a current UK driving licence

YES/NO?

Do you have access to a car

YES/NO?

We wish to compile a skills database for our volunteers so we can identify other roles within the organisation. Please provide details of previous jobs, qualifications, skills or hobbies.

Are there any other issues you think we need to know about in order to become a volunteer e.g. any restrictions on your time, any health issues that would affect the type of work you could undertake etc.

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Please give the names of two people over the age of 18 (not family) that would be able to provide you with a written reference.

Referee One

Name:

Address:

Telephone:

Email:

In what capacity do you know them?

Referee Two

Name:

Address:

Telephone:

Email:

In what capacity do you know them?

Do you know anyone who works at BDDWA e.g. who is a relative, friend etc.?

The information I have supplied in making this application to become a volunteer is true and accurate.

Are you willing to undergo a DBS check? **YES/NO**

Have you ever been convicted of a criminal offence? **YES/NO**

(If yes, please give details in a sealed envelope. Convictions must be declared under the Children's Act 1989)

Signed.....Date.....

Office use only

Date received.....

References requested.....

DBS applied for.....

References received.....

DBS received.....

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Please use this sheet to add any additional information