

# Volunteer Registration form

Volunteer role applied for:

First name:

Surname:

Home address:

Postcode:

Telephone number (day):

Telephone number (evening):

Email address:

Preferred contact method:

Gender:

Male

Female

Date of Birth:

T-shirt size:

S

M

L

XL

What would you like to achieve through your voluntary work at the organisation?

Do you have any support needs? Please specify.

Previous experience (paid or unpaid):

Any other information relevant to the post:

Preferred event(s):

Days/hours available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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How did you hear about our organisation?

## References

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

### Reference 1

Name:	Relationship to referee:	Position:	Address:
Telephone no:	Email:		

### Reference 2

Name:	Relationship to referee:	Position:	Address:
Telephone no:	Email:		

## Emergency Contact Details

First Name:	Surname:
Address:	
Telephone no.:	Mobile no.:
Relationship to you:	

**Please return to: Toilet Twinning, 1052-1054 Christchurch Road, Bournemouth, Dorset BH7 6DS**

The data you provide is subject to the provisions of the Data Protection Act 1998. By completing this form and returning it to us, whether electronically or by hand, you are giving your permission for us to process the data for equal opportunities monitoring purposes. This information will be held confidentially and will only be used for the purposes of equal opportunities monitoring. All data will be treated as strictly confidential.