

Age Concern

North Dorset

Sturminster Newton and district

Charity No1162034

Stour Connect, Stour View Close, Sturminster Newton, Dorset. DT10 1JF

Tel: 01258 475582

Email: info@acnorthdorset.org.uk Web Site: [www.acnorthdorset.org.uk](http://www.acnorthdorset.org.uk/#_blank)

**Volunteer Registration Form**

*The information you provide on this form will be kept in strictest confidence and will be covered by the Data Protection Act.*

*Age Concern North Dorset is working towards equality of opportunity*

Name: .................................................…………………………………..…………….…......

Address:..………………............................................................……..………………………

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....................................................................................…………….............………………..

Telephone:.........................................................…………….....................…………………

Mobile: ............................................................................................................................

e-mail: ..............................................................................................................................

Emergency contact & telephone number: ......................................................................

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Any emergency details:.....................................................................................................

Which volunteering role would you like to do? (Please tick):

Befriending [ ]

IT support [ ]

Office assistance [ ]

Information and Advice Service [ ]

Why do you want to volunteer with us?

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What would you like to gain from your volunteering experience?

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What previous voluntary work, paid employment or studies have you done which may assist you in your voluntary work?

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Do you have any relevant experience?

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How many/which hours are you available each week?

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As part of the selection process for volunteers, Age Concern North Dorset always asks for references to be taken. Please give the names and addresses of two referees.

Please do not include any relatives or people under 18.

1) Name:.................................................. 2) Name:..................................................

Address:.................................................. Address:..................................................

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................................................................ ................................................................

................................................................ ................................................................

Tel No:..................................................... Tel No:.....................................................

Connection to Referee .......................... Connection to Referee...........................

How did you hear about Age Concern North Dorset?

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I certify that the information given is correct:

Signature:............................................……….. Date:........./........./.........

**For office use only**

Date returned........./........./.........

Date of interview........./........./.........

References requested........./........./.........

References received........./........./.........

Disclosure Barring Service (DBS) check necessary? Yes/No ........./........./.........

Follow up action...........................................................................................................