



Register as a volunteer

First name	Surname
Male/Female	Date of Birth
Address	
Postcode	
Telephone no.s:	Day
	Evening
	Mobile
	Email:
Which project(s) are you interested in?	
Help Service	<input type="checkbox"/>
One To One	<input type="checkbox"/>
Office Volunteer	<input type="checkbox"/>
Other
Emergency contacts. In case of emergency, please notify:	
Name	telephone no.s
Relationship to you:	
Name of doctor	telephone no.
Is there anything in your medical history that you think we should know? Your answer is unlikely to preclude you from volunteering, but may affect the type of volunteering you do. For example, having a back condition may mean that you won't want to push wheelchairs for any distance.	
For office use only: References received	
	1. <input type="checkbox"/> 2. <input type="checkbox"/>
Police check received	<input type="checkbox"/>
Training completed: DET	<input type="checkbox"/>

How did you hear about volunteering at ADKC?

Please supply the name and addresses of two people, who can act as referees. One referee must be a person in a position of authority, e.g. an employer or former employer, a teacher or tutor, social worker etc. The other referee can be anyone, who has known you for over two years, who is over 18, and is not a relative or shares the same address.

1. Name

2. Name

Position

Position

Address

Address

Telephone no.

Telephone no.

I declare that the information I have provided is correct. I understand that giving incorrect or misleading information could lead to being barred from volunteering at ADKC.

Signature

Date