



COMPASSIONATE
COMMUNITIES

Volunteer Enrolment Form

First Interview
Co Co Form Returned
References
Access NI Check
Training Completed
Follow-up Interview
Photographic ID
Volunteer Manual Forms

____/____

____/____/____

Personal Details

Name:			
Address:			
Postcode:			
Tel No:		Mobile No:	
Email Address:		Date of Birth:	

Health Statement *(please indicate if you have any health problems or a disability we would need to know)*

Person to contact in the case of an emergency:			
Relationship to you:		Tel./Mobile No:	

Current Status

Employed		Unemployed		Student		Retired		Other <i>(please specify below)</i>	
----------	--	------------	--	---------	--	---------	--	--	--

Further comment:

Skills & Qualities

Experience of Volunteer Work

Please tell of us of any previous and/or current volunteer activities you have experience of.



Compassionate
Communities

Volunteer Enrolment Form

Return to:

Tel No:
E:

Interests & Hobbies

Please tell us why you are interested in volunteering for Compassionate Communities and how did you hear about the project.

Commitment – please tell us how much time you can commit by indicating the number of hours, i.e. Tuesday 11.a.m.-1.00p.m.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

References – please provide details of 2 people who can be contacted as a reference (over 18 years and not related)

Name		Name	
Position		Position	
Address		Address	
Tel No.		Tel. No.	

I certify that the above information is correct and I hereby consent to my referees being contacted.

Signed: _____

Date: _____

Access NI Disclosure enclosed

Please be assured that all information provided will be treated in the strictest confidence.