

VOLUNTEER AGREEMENT AND MONITORING FORM



VOLUNTEER APPLICATION FORM

Personal Information

Full Name: _____

Address: _____

_____ *Post Code*

Home Phone: () _____ Mobile: _____

E-mail Address: _____

Disability/Additional Needs: _____

Date of Birth: _____ Ethnic Origin: _____

How you heard about the project: _____

Current

Are You: Employed / Unemployed / Student / Retired / Other *(please select)*

Employer Name & Address: _____

Further/Higher Education: _____

Other *(please specify)*: _____

Emergency Contact Information

Full Name: _____

Address: _____

_____ *Post Code*

Primary Phone: () _____ Mobile: _____

Relationship: _____

CRB

If you have any criminal convictions (spent or unspent), cautions or criminal proceedings pending against you, please give details. A CRB disclosure will be requested for all volunteers. (This will not necessarily exclude you from volunteering)

Education/Qualifications	Relevant Training/Experience
What Skills Do You Have To Offer?	Hobbies/Interests
What Do You Hope To Gain From Volunteering?	
References	

Name: _____ Name: _____
 Address: _____ Address: _____
 _____ Tel no. _____ Tel no. _____
 Relationship: _____ Relationship: _____
(These cannot be relatives)

I agree to work to the company's policies and procedures when volunteering
 (these will be available when you start)

Signed.....date.....

 Name.....

Office use only

	<i>date</i>	<i>initials</i>
<i>References checked - phone</i>		
<i>References checked - written</i>		
<i>Crb ok</i>		

All Saints

Volunteer Agreement

Name: _____

Role(s): _____

Which division/section of All Saints _____

I agree that whilst volunteering at All Saints I will work within the policies and guidelines as set out in the induction pack as explained to me in my induction.

I agree that if I wish to leave I will give as much notice as possible.

I have read the relevant role descriptions and agree to work in accordance with them.

Signed _____

Date _____

Please note this is not a contract of employment and should not be seen as such.

Office use only:

Signed (for All Saints).....

Date.....

All Saints

Volunteer Monitoring Form

Age: 13 – 18 19 – 25 26 – 35 36 – 45 46 – 55+

Gender: Male Female

Ethnicity: _____

Disability: Yes No

If yes please give details:

How did you hear about our project:

Please note this form will only be used for All Saints monitoring purposes only