



Moorcroft Centre
 Old School Place
 Westfield Road
 Woking
 GU22 9LY
 01483 770753

woking-ageconcern@outlook.com

VOLUNTEER REGISTRATION FORM

Title:	First Name:	Surname:	Date of Birth:
Address:			
Telephone:	Home:	Work:	
	Mobile:	E-Mail:	
Full UK car driving licence yes / no			
Own car?			
Status (please tick)			
Unemployed	<input type="checkbox"/>	Student	<input type="checkbox"/>
Working Part-time	<input type="checkbox"/>	Working Full-Time	<input type="checkbox"/>
Retired			
Sick/Disabled			
Other (please specify)			
<p>Woking Age Concern currently require volunteers for the following:-</p> <p>To become a 'friend' to an older person (1-2 hours per week in client's home)</p>			
<p>Why did you choose to be a volunteer with Woking Age Concern?</p> <p>How did you hear about us?</p>			

Have you had any previous volunteering experience?
(If yes, please give brief details)

Please give details of two referees. These referees **MUST NOT BE FAMILY MEMBERS** and **must have known you for at least 2 years.**

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
Email:	Email:
Relationship to you:	Relationship to you:

As an agency working with vulnerable people all our volunteers are required to undergo a police (DBS) check. Please confirm that you agree to this.

Data Protection
Woking Age Concern does not share your personal information with Third parties.
We collect and process your personal information for the purpose of contacting you about your volunteering and our work.
When volunteers cease to volunteer with us their personal information is destroyed.

From time to time we will contact our volunteers about social events, training courses and fundraising etc.
Please tick the box if you agree to hearing from us.

I certify that all the information given on this form is correct.

Signature: _____ Date: _____

Thank you for your interest in Woking Age Concern