



Volunteers Contact Information

Full Name Email Address.....

Address Including Postcode.....

Telephone No. including STD Code..... Mobile No.

Emergency Contact details

Name Relationship to you..... Telephone Number.....

Volunteering Role**Date Started**

Own Car Driver Y/N

Employment Status

Employed Full Time Y/N Employed Part Time Y/N Unemployed Y/N Retired Y/N

Nature of Employment Do you require a Visa to work in the UK? Y/N

Do you have any Medical or other conditions which could affect your Volunteering that we should be aware of?

Criminal Record

Do you have any criminal convictions please give general details.

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This will not necessarily deter you from Volunteering with us but in some circumstances we may need to carry out checks to confirm your suitability.

DBE is an Equal Opportunities and Diverse organisation welcoming anyone to join our team.

As a Volunteer we ask that you read through our Volunteers Agreement and sign below to indicate you agree to the terms set out therein. By signing this form you will be covered by our Liability/Personal Accident Insurance.

We look forward to working with you and thank you.

Signed..... **Date**.....