



Volunteer Interest Form

If you need any assistance with this form or have any questions please call us on **020 8449 8877**.

Mr/Mrs/Ms/Miss/Other:	First Name:	
Surname:		
Address:		
Postcode:		
Telephone:	Mobile:	
Email:		
Preferred method of contact?	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email
Emergency contact (name and number):		
How did you hear about Noah's Ark?		

There are a number of ways you can get involved. Please tick below any which might be of interest (see role descriptions for further information)

<input type="checkbox"/> Administration	<input type="checkbox"/> Noah's Ark Ambassador
<input type="checkbox"/> Away Day Volunteer	<input type="checkbox"/> Out and about on behalf of Noah's Ark
<input type="checkbox"/> Driving	<input type="checkbox"/> Organising own Fundraising Events
<input type="checkbox"/> Family Support Volunteer	<input type="checkbox"/> Other (please specify.....)
<input type="checkbox"/> Helping at Fundraising Events	<input type="checkbox"/> Not sure!
<input type="checkbox"/> Managing/Selling Donated Goods	

Would you like your volunteering to be (please tick all that apply):

<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional
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When will you be free to start volunteering? (date)

Which days/times are best for you to volunteer? Please tick all that would suit

<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Flexible
<input type="checkbox"/> School Term	<input type="checkbox"/> School Hols	<input type="checkbox"/> Other (please specify)		

Please detail below why you'd like to become a volunteer for Noah's Ark

Do you volunteer for any other organisation? Please give details

Please give brief details below of your life experience and/or work history (paid and/or unpaid)

Other than English, do you speak any another languages? Please give details

Are you a member of a community groups (eg. Rotary, Guides etc)? Please give details

To travel, do you use:

Own car

Motorcycle/Moped

Bicycle

Public Transport

Do you have a valid driving licence?

Yes

No

Have you suffered a bereavement or loss in the last 24 months? If yes, please give details (this is optional but it is useful for us to know when thinking about suitable volunteer roles)

Do you have any disabilities or health issues it would be useful for us to know about and are there any reasonable adjustments we can make for you (e.g. wheelchair access etc)?

Further information — if there's anything else you'd like us to know please include it here (please continue on a separate sheet if required)

Personal References - please provide the name, address and contact number for two people who have known you for at least two years, and are not members of your family	
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
How do you know this person?	How do you know this person?
When can we approach them (before or after meeting you)?	When can we approach them (before or after meeting you)?

Background Check - please read and sign the following

I am happy for Noah's Ark Children's Hospice to carry out the following:

- Disclosure check by the Criminal Record Bureau **Please note:** a criminal record will not automatically stop you from volunteering with us)
- Personal References
- Past Employment/Volunteer History (will only be checked if required)

I understand that the information collected during the above will be limited to that appropriate to determining my suitability for particular types of volunteer work, and that all such information will be kept confidential.

I agree that any offer of volunteering for Noah's Ark Children's Hospice is subject to satisfactory references and CRB check.

I confirm that the information I have given is accurate.

Signed:

Full Name (please print):

Date:

Data Protection

In accordance with the 1998 Data Protection Act, I agree that Noah's Ark Children's Hospice may hold and use personal information about me. This information, including that contained on this form, can be stored on both manual and computer files. It will be held securely and only used by authorised personal. It will not be shared with any other organisation or third party.

Signed:

Date:

Full name (please print):

Please return your completed form to:

Kathy Ford
Noah's Ark Children's Hospice
Ganwick House
Wagon Road
Barnet
Hertfordshire EN4 0PH

thank you for taking time to care