Volunteer Registration Form



Thank you for your interest in volunteering with Torbay Coast & Countryside Trust.

This form is designed to help us make sure that you get the most out of our volunteering programme. Any information that you provide will be treated confidentially.

Personal Information					
Surname	Title				
First names	Date of Birth				
Address	Telephone				
	. Day				
	Evening				
Postcode	Mobile				
Email					
Do you have a current driving licence? Yes No Car Registration Number					
Do you have the use of a car?					
Yes No Please indicate if you have any special needs e.g. for access, large print Where did you hear about volunteering with us?					
Availability & Areas of Interest What is your likely availability for volunteering? What location are you interested in? Occombe Cockington Berry Head What would you like to get out of volunteering?					
Is there a particular area that you are interested in getting involved with?					

Skills & E		.:	a company attached
Please tell us	about any relevant qualifications, sk	alis and/or trainin	g courses attended.
Please tell us	about your past / present employme	ent, including other	er volunteering experience.
Please tell us about hobbies and interests, including societies or groups you are part of.			
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Other Into	rmation For completion now	or when the Tru	st makes you an offer
References	e detelle eftere mende (met edetline	\	dda a chanastan nafanana a fanons
	e details of two people (not relatives		/ide a character reference for you.
Name		Name	
Relationship		Relationship	
Address		Address	
	Postcode		Postcode
Telephone		Telephone	
Emergency	Contact		
Name		Relationship	
Address			Telephone

	Day
	Evening
Postcode	
	Mobile
Please make sure you let us know if these details change.	
riease make sure you let us know it these details change.	
Other Information – continued	
Disclosure and Barring Service Check (formerly Crimina	l Records Background check)
If your role involves working with children or vulnerable adults carry out a DBS check. We will discuss this with you before you	s or handling money we may need to
Health Declaration	
Please tell us about any health issues or medical conditions volunteering role with us.	s you have that may impact on your
By signing this form you are declaring that you are fit to undertand conditions or health problems not already detailed above, the your role. You must advise the us if your circumstances change	nat may affect your ability to carry out
Confidentiality	
The submitted data will be held on our volunteering database will not be divulged to any other organisation, and will only be used as an Occombe Farm volunteer. Please let us know if you prefer Email Phone Post	used for the purpose of supporting you
From time to time we may send you information related to Countryside Trust. Please let us know if you would like to be a	
We often take pictures of our volunteers at work. Please let us pictures of you volunteering for external promotional use:	s know if you are happy for us to use
By signing below you are confirming that the information you ha	ave given on this form is correct.
Signature	Date
(If you are emailing this form we will ask you to sign it when you	u have your first meeting.)

Torbay Coast & Countryside Trust use				
Date registration form received:				
Date of first meeting:				
References taken up:				
Induction date:				
Role offered:				

Please return your completed form to: info@countryside-trust.org.uk or Torbay Coast & Countryside Trust office, Occombe Farm, Preston Down Road, Paignton TQ3 1AT