

## **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?	phone Email	
Emergency contact (name and number):		
How did you hear about Noah's Ark?		
There are a number of ways you can get involute interest (see role descriptions for further information    OFFICE SUPPORT:  Administration  Reception	Ived. Please tick below any which might be of nation)  FAMILY SUPPORT:  Home Support  Event Support	
FUNDRAISING SUPPORT:    Fundriaising & Events Volunteer   Noah's Ark Ambassador   Organising own Fundraising Events	RETAIL SUPPORT:  Charity Shop Volunteer - Barnet  Charity Shop Volunteer - Borehamwood  Charity Shop Volunteer - Finchley Rd, NW3  OR  Not sure!	
Would you like your volunteering to be (please tick all that apply):		
☐ Regular ☐ Occasional		
When will you be free to start volunteering? (date)		
Which days/times are best for you to volunteer? Please tick all that would suit		
☐ Weekdays ☐ Weekends ☐ Dayti	me   Evening   Flexible	
☐ School Term ☐ School Hols ☐ Other (please specify)		

Please detail below why you'd like to become a volunteer for Noah's Ark			
Do you volunteer for any other organisat	tion? Please give	e 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			
The year a member of a community groups (eg. notary) canaes coy. The assegive details			
To travel, do you use:	☐ Own car ☐ Bicycle	<ul><li>☐ Motorcycle/Moped</li><li>☐ Public Transport</li></ul>	
Do you have a valid driving licence?	Yes	□ No	

If yes, please give details (this is optional but it is suitable volunteer roles)	useful for us to know when thinking about			
Do you have any disabilities or health issues it w there any reasonable adjustments we can make (e.g. wheelchair access etc)				
Further information — if there's anything else you (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: Address:	Name: Address:			
Telephone: Email:	Telephone: 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)?			

Have you suffered a bereavement or loss in the last 24 months?

**Background Check** - please read and sign the following

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

- ★ Disclosure check by the Criminal Record Bureau for those roles working directly with the children and families (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 potentially a CRB check (dependant on the volunteer role).

I confirm that the information I have given is accurate.

Full Name (please print):	Date:
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## **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.

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Signed:	Date:

Full name (please print):

## Please return your completed form to:

Amy Walker
Volunteer Development Manager
Noah's Ark Children's Hospice
3 Beauchamp Court
Victors Way
Barnet
EN5 5TZ

## thank you for taking time to care