



Volunteer Registration form

Fundraising volunteer

Name: _____

Address: _____

Telephone No.: _____ Are you over 18 years old: YES/NO
(Delete as appropriate)

Email Address: _____

Medical conditions/Medical needs: _____

What motivated you to apply for a volunteer for Little Orchids?

What skills, knowledge and experience do you feel you could bring to a volunteer role in our organisation?

What time can you offer? _____

We at Little Orchids aim to be an inclusive and supportive organisation. Are there reasonable adjustments that we could make as part of your recruitment process that would enable you to enjoy quality of opportunity in getting a volunteer role with us?

Signature: _____

Date: _____

Thank you for your interest, we will be in touch soon. Please return the completed form to Little Orchids – for the attention of Margaret Kirk.

Please note:

All information received will be dealt with in confidence, consistent with our commitment to safeguarding vulnerable adults.