



Volunteer Registration form

Maintenance Support Volunteer (This is a regulated activity)

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 role in Little Orchids?

What previous work experience including voluntary work do you have?

Do you have any hobbies or interests?

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

Is there any specific skill you could bring to Little Orchids?

- | | | |
|--|--|---|
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Computing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Music | <input type="checkbox"/> Beauty/Styling |
| <input type="checkbox"/> Organisational skills | <input type="checkbox"/> Team Work | <input type="checkbox"/> DIY |

If interested in childcare volunteer opportunities – what particular days/hours would you be available to volunteer with us? (Tick if appropriate)

Day	Morning 9am – 1pm	Afternoon 1.30pm – 4pm
Monday		
Tuesday		
Wednesday		
Thursday		

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?

Please give the names of two people willing to act as referees.

Referees must not be relatives and must have known you for at least 2 years within the last 5 years. Please note that references may be followed up by a phone call.

Name: _____

Occupation: _____

Address: _____

Postcode: _____

Tel. No.: _____ (Home)

_____ (work)

Name: _____

Occupation: _____

Address: _____

Postcode: _____

Tel. No.: _____ (Home)

_____ (Work)

As this is a regulated activity, I understand that I will be asked to complete a self-disclosure form, an Access NI disclosure certificate and health declaration form. If I am considered for the childcare volunteer role I consent to the Enhanced disclosure check being carried out. (PLEASE NOTE! If you do not consent, we will not accept your application)

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.

All information will be kept confidential and in line with data protection.