



Volunteer Registration Form

About you

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
First/Given Name:				
Surname/Family Name:				
Address:				
Town/City:				
County:		Postcode:		
Home/Evening Phone No.		Mobile Phone No.		
Email Address:				
Contact Name in case of emergency:		Relationship to you:		
Emergency Contact Number:				

Volunteering Interest

Opportunity applying for:				
How did you hear about this volunteer role?	<input type="checkbox"/> OSJCT website	<input type="checkbox"/> Charity Careers website	<input type="checkbox"/> Volunteer event	
	<input type="checkbox"/> Friend / Family			
	<input type="checkbox"/> BASMOM	<input type="checkbox"/> St. John		
	<input type="checkbox"/> Other (please specify)			
Have you volunteered with The Orders of St John Care Trust (OSJCT) before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How much time can you spare? e.g. 3 hours per week	<input type="checkbox"/> hours	<input type="checkbox"/> days	per	<input type="checkbox"/> week <input type="checkbox"/> month
How long can you commit to volunteering for?	<input type="checkbox"/> Up to 1 month	<input type="checkbox"/> Up to 3 months		<input type="checkbox"/> Up to 6 months
	<input type="checkbox"/> Up to 12 months	<input type="checkbox"/> More than 12 months		
What has motivated you to volunteer?	<input type="checkbox"/> Value the work of OSJCT	<input type="checkbox"/> Social reasons		<input type="checkbox"/> Learn new skills
	<input type="checkbox"/> Other (please specify)			



Your Skills and Experience

Please give details of your skills and/or experience you think are relevant to the role.	
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Your References

Please provide details of two people whom we may contact. References are taken up before a placement is agreed. We ask for references as OSJCT volunteers may/will have significant contact with residents as part of their role.		
	1 st Reference	2 nd Reference
Name:		
Address:		
Relationship to you:		
Telephone Number:		
Email Address;		

Signature _____ Date _____