

HCA Volunteer Registration Form

The information you provide on this form will be kept confidential

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**Personal Details**

First name/s:

Middle name/s:

Last name/s:

Address:

Email address:

Telephone number/s:

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**Details of Person to Contact in an Emergency**

Name:

Address:

Email:

Telephone number/s

Relationship to you:

**Health and Medical Requirements**

Please give details of any health issues or special requirements that we should be aware of (for example medication, allergies, wheelchair access).

**Availability**

What time/s and day/s are you available to volunteer?

**What activities would you like to help with?**

**References**

Please give the details of two referees. One should be known to you in a professional capacity, i.e. an employer, tutor etc., and one should be known to you personally, e.g. a friend. **Neither person should be related to you**.

| Name:  Address:  Tel. no:  Email:  How is this person known to you? | Name:  Address:  Tel. no.  Email:  How is this person known to you? |
| --- | --- |

**Criminal Convictions**

We are committed to making sure that our members receive the highest level of care at all times. As part of the process we need to check the background of our staff and volunteers. Any information given will be used only for recruitment purposes and treated in the strictest confidence in line with the Data Protection Act.

**Declaration of criminal convictions**

Because our members are vulnerable adults, our work is exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974. Therefore, you are required to declare any criminal convictions including those that are *spent*.

**Do you have any criminal convictions? YES NO**

If yes, please put the details in a sealed envelope and return it with your form. A conviction will not automatically prevent you from taking up this role. All information will be treated in a strictest confidence.

**Disclosure and Barring Service Check**

Because this role brings you into close contact with vulnerable adults and young people you will need to undergo a DBS check. You will also need to provide evidence of your identity.

**Do you agree to undergo a DBS check? YES NO**

**Declaration**

I confirm, to the best of my knowledge, that the information given on this form is accurate. I understand that should any statement be found to be false, I may be asked to leave the organisation. I agree to this information being stored and used in line with the Data Protection Act 1998.

**Signed…………………………………………… Date……………………………………..**

**More about you:**

1. **What do you like to do in your spare time?**
2. **Do you have any particular interests?**
3. **Do you have any favourite hobbies?**
4. **What do you hope to get out of befriending as part of Doorstep Help?**