Volunteer Registration Form 2018



	Surname:						
Name:	Forenames:						
	Title:						
Date of Birth:							
Address:							
Post Code:							
Telephone No H	lome: Mobi	ile Number:					
Email Address							
Emergency Con	tact Name:						
Emergency Contact Number:							
Please describe	any skills or qualifications tha	t you could use as a volunt	eer:				
11 41.4	an about the DDOCDECTC Farmer	الأستانية					
How ald you ne	ar about the PROSPECTS Foun	idation?					
Why do you wa	nt to volunteer with Prospects	s?					
	•						
VOLUNTEER F	ROLES						
Please select from the list below the type of activity you are interested in (please							
tick all that a	= '	pe or activity you are in	ito: cotca iii (picasc				
	ervation Activities	Admin and Office Help					
	JI VALIOII ACTIVITIES	Traditional Crafts	Y				
Food Growing			Didaa				
Helping at Eve	nts	Leading Walks / Bike	Kides				

Please tick each box when you could be available to volunteer:								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Am								
Pm								
Eve								

the box on the right.

NEW 201							
NEWSLETTER MAILING LIST I would like to be kept up to date with what's going on at PROSPECTS. I would like to receive the PROSPECTS Foundation monthly Events Bulletin/Newsletter, regular updates about PROSPECTS activities, courses and training events as well as information about current and future projects. Please tick the box to sign up Our Privacy Statement detailing how and why we use your information is available on our website www.prospectsfoundation.org.uk							
DECLARATION OF CONVICTIONS Because volunteers work alongside vulnerable people, Prospects Foundation has a responsibility to safeguard the interests of both clients and volunteers, do you have any convictions that you are required to disclose or other information you wish us to know? Yes / No If yes you will need to complete an additional form, this is unlikely to affect your opportunity to volunteer.							
Do you hav	ve difficulties with:	, , , , , , , , , , , , , , , , , , ,					
Lifting & (Carrying		Following Ve	erbal Instructions			
Walking L	ong Distances		Walking ove	r steep or uneven ground			
Controlle	d use of hand tools						
Please describe any disabilities / impairments and details of any medication we should know about in the event of an emergency:							
Support while volunteering Will you be volunteering with the help of a carer or support worker? Yes / No If yes you will need to complete an additional form, this is unlikely to affect your opportunity to volunteer							
Signed:							
Date:							

Thank you for taking the time to complete this information.

We will contact you to discuss how you can get involved with us and to give you any additional forms that may need completing.

Please return to: The PROSPECTS Foundation, c/o 54 Broadway, Accrington BB5 1EW or Email to info@prospectsfoundation.org.uk

If you have any questions about volunteering with the PROSPECTS Foundation, please contact us on **01254-230348**