



Volunteer Registration Form

PLEASE USE CAPITAL LETTERS

First Name/s

Surname

House Number

House Name

Street Name

Townland

County

Postcode

Country

Student/work

Date of Birth / /

National Insurance Number (If known) ----

Telephone Numbers Preferred contact

Home

Work

Mobile

Female [] Male []

How would you prefer to receive information?

By e-mail

Through the post

Email

Who should we contact in case of an emergency whilst volunteering?

Name Relationship to you

Home Phone Work Phone Mobile Phone

To help us ensure your safety:

To help us allocate you safe and appropriate work; please tell us of any:

- Medication that you are taking that a First Aider or Doctor would need to be aware of?
- Activity you may find difficult for health or other reasons?
- Other information we may need to ensure your safety e.g. hearing or vision difficulties, ability to communicate or understand instructions.

Do you have a valid UK driving licence? Yes No

How did you hear about volunteering with the LELP

Family/Friends Newspaper/magazine Website

Volunteering Information Brochure Other – please indicate

I have the following experience of volunteering:

Please add other information you think might be helpful. Are there any volunteer activities you do not want to do?

I have the following skills/experience I would like to offer LELP:

Referees

Please supply the names and addresses of two people aged 18 or over who know you well e.g. a neighbour, head teacher, friend etc. Please note that these **cannot be someone who is related to you, who lives at the same address as you, or lives at the same address as the other referee.**

Please Use Capital Letters

	REFEREE 1	REFEREE 2
Title	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Relationship to YOU	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Is this address	Home <input type="checkbox"/> or Business <input type="checkbox"/>	Home <input type="checkbox"/> or Business <input type="checkbox"/>
E-mail	<input type="text"/>	<input type="text"/>
Day time telephone no.	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>

Criminal Offences

Do you have any unspent convictions or any pending? Yes No

If yes please give details

Please note that a conviction will not necessarily exclude you from volunteering with the LELP, but will be taken into account when assessing your suitability. Any information given will be held in the strictest confidence.

If you have any concerns about filling in this declaration or any other matter you wish to raise about volunteering please contact the Volunteers' Officer at RSPB; LELP's lead organisation on 028 90491547 or email volunteers@rspb.org.uk.

I understand that:

- I may be working with confidential material. I will respect and keep this material confidential.
- Insurance for my personal effects is my own responsibility.
- If the information declared on this form is found to be incorrect, it may disqualify me from this role, or result in the termination of my volunteering.
- I understand this agreement to volunteer for the LELP is binding in honour only and is not intended to be a contract of employment, nor a guarantee of continuous involvement in projects associated with LELP.
- The LELP team will take up references from the referees I've provided, and my volunteering is subject to these being satisfactory.

Signed _____

Date _____

LELP understands your privacy is important to you. The personal information you provide to us will only be used for the purposes of managing and caring for you and your volunteering time with the LELP.

Thank you for taking the time to complete this form. please return to address below.

Please return this completed form to:

Volunteer Co Ordinator Lough Erne Landscape Partnership Waterways Ireland 2 Sligo Road Enniskillen Co Fermanagh BT74 7JY Or email info@lelp.org.uk

VOLUNTEER'S LINE MANAGER TO COMPLETE – PLEASE USE CAPITAL LETTERS

Volunteer's Role Title: _____ LELP Project title or project code : _____

Start Date: _____

Young People & Vulnerable Adults Vetting Toolkit used to assess this role? Yes No

If Yes *Young People & Vulnerable Adults Vetting Toolkit* score _____

Identity Checks - Form of Identity Provided: add serial number

Passport (any nationality) _____ Original UK Birth Certificate _____
UK /international Driving Licence _____ Valid photo identity card _____

Seen by (print name): _____ Date seen: _____