

**REGISTRATION FORM FOR VOLUNTEER GUIDES**

**Please complete all below** (all information provided will be treated confidentially):

**Section 1 - Personal information**

Title	
Surname	
First Names	
Address	
Main contact telephone number	
Alternative contact telephone number	
Email	
Date of Birth	
Do you have any special needs or medical conditions relevant to the Volunteer post? (eg. allergies, access requirements etc.)	
Emergency Contact Name	
Emergency Contact No.	
Relationship to you (e.g. spouse)	

**Section 2 – References**

Please supply two character references (not relations) one of whom has known you in a professional capacity.  
 We prefer to use email contact so please provide an email address if possible.

Reference 1:		Reference 2:	
Name		Name	
Address		Address	
Telephone		Telephone	
Email		Email	
Relationship to you		Relationship to you	

**Section 3 – Availability**

(please note that this is just a guide and we will discuss your shift pattern with you before you start)

What is your likely availability? (Please tick all appropriate)	Monday ( <input type="checkbox"/> ) Tuesday ( <input type="checkbox"/> ) Wednesday ( <input type="checkbox"/> ) Thursday ( <input type="checkbox"/> ) Friday ( <input type="checkbox"/> ) Saturday ( <input type="checkbox"/> ) Sunday ( <input type="checkbox"/> )
How often will you be available to volunteer? (Please tick)	Weekly ( <input type="checkbox"/> ) Twice weekly ( <input type="checkbox"/> ) Fortnightly ( <input type="checkbox"/> ) Other (please state how often):

**Office use only**

Rcvd date:

Ack date:

Meeting date:

Refs rcvd:

Mentor:

Training started:

Guiding started:

Notes:

## Section 4 - Skills and experience

Past/Present employment

Professional qualifications,  
specialist skills and other  
relevant training

Other hobbies and keen  
interests

Other Volunteering experience

Please return this completed form to [volunteers@bptrust.org.uk](mailto:volunteers@bptrust.org.uk) or post it to 1 Royal Crescent, Bath BA1 2LR.

### Office use only

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Meeting date:

Refs rcvd:

Mentor:

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Notes: