

### REGISTRATION FORM FOR VOLUNTEER GUIDES

<b>Please complete all below</b> (all information provided will be treated confidentially):		
<b>Section 1 - Personal information</b>		
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)		
<b>Section 2 – References</b>		
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.		
<b>Reference 1:</b>		<b>Reference 2:</b>
Name		Name
Address		Address
Telephone		Telephone
Email		Email
Relationship to you		Relationship to you
<b>Section 3 – Availability</b>		
(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 ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday ( ) Saturday ( ) Sunday ( )	
How often will you be available to volunteer? (Please tick)	Weekly ( ) Twice weekly ( ) Fortnightly ( ) 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 [no1royalcrescent@bptrust.org.uk](mailto:no1royalcrescent@bptrust.org.uk) or post it to 1 Royal Crescent, Bath BA1 2LR.

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