

# Volunteer Registration Form

Date: \_\_\_\_\_

## Your details:

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency contact:

Emergency contact name: \_\_\_\_\_

Emergency contact person's phone number: \_\_\_\_\_

Emergency contact relationship: \_\_\_\_\_

## Volunteering preferences:

Preferred volunteer days /times: \_\_\_\_\_

Preferred frequency of volunteering: \_\_\_\_\_

Preferred duration of volunteering: \_\_\_\_\_

If you are interested in getting involved in more than one area, please write 1, 2, 3 in order of preference:

\_\_\_\_\_ Youth Programs / events

\_\_\_\_\_ Liverpool MRC events / community event

\_\_\_\_\_ Social Support Program

\_\_\_\_\_ Promotions/Marketing

\_\_\_\_\_ Homework Support

\_\_\_\_\_ Employment Mentoring

\_\_\_\_\_ Playgroups

Other: \_\_\_\_\_

Do you speak any language other than English? Yes / No. If yes which language/s

\_\_\_\_\_

## Please ensure you have supplied the following documentation:

\_\_\_\_\_ Working with children's check

\_\_\_\_\_ Police Check