

## **SHPRESA PROGRAMME**

Mansfield House  
30 Avenons Road  
London, E13 8HT  
Tel: 020 7474 6829 or 020 7511 1586  
Email:shpresaprogramme@yahoo.co.uk

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### **Volunteer Registration Form**

Thank you for deciding to volunteer for us. To enable us to offer you the support and advice please take few minutes to complete this registration form. If you are unsure about any part of this document please ask for advice or assistance.

We will keep your information safe and confidential and will disclose only with your consent.

### **Criminal Records Certificate**

Sensitivity of the work with vulnerable people (children and people with mental health problems), requires a Criminal Record check to be carried. This will be arranged by us.

### **Your details**

**Mr/Mrs/Ms/Miss** (please circle one)

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Daytime tel.:** \_\_\_\_\_ **Evening tel.:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Gender:**    **Male**            **Female**            (please circle)

**Age Group** (please circle) 

<b>16-25</b>	<b>26-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-50</b>	<b>50-60</b>	<b>over 60</b>
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**Choose not to disclose** (please tick)   

**Nationality:** \_\_\_\_\_

Religion: \_\_\_\_\_

If you wish not to disclose please tick the box

Do you consider yourself to be disabled or to have any specific support needs?

Yes


No

Do not wish to disclose

If yes please tell us more: \_\_\_\_\_

\_\_\_\_\_

Please tick each box when you are available for volunteering

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.					
p.m.					

Employment Status:

Employed (full time)

Employed (part time)

Unemployed

Self-employed

Student/training scheme

Retired

Other


If other please tell us more: \_\_\_\_\_

Previous involvement in volunteering

- Have you previously volunteered for another organisation or project

Yes/No
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If yes please tell us more \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Was the volunteering during the last 12 months?

Yes/No
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Please tick the box what you would like to do?

Befriending, Interpreting & Advocacy	
Teaching	
Dancing	
IT, administration, reception	
Other, please specify	

From time to time we would take pictures of you during trainings and work and use them in our publicity and with funders. To do this we would need your permission, so we are asking you to give your consent by signing below (you can choose not to):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Thank you for taking the time to fill this form