



VOLUNTEER REGISTRATION FORM

Date: _____

Your Details

Forename(s): _____ Title (Mr, Mrs etc.): _____

Surname: _____

Address: _____ Home Phone No: _____

_____ Mobile No: _____

Postcode: _____ Email: _____

Volunteering Details

Why are you interested in volunteering? (Please tick all that apply)

I want to help others

I have spare time and want to use it productively

I have skills and experience I can bring to Crossroads

I want to keep my mind and body active

Other, please specify: _____

Do you feel you have any skills that you could share with others?

What areas of work are you interested in?

Befriending

Organising Events

Telephone Service

Intergenerational Activities

Emergency Transport

Fundraising

Other, please specify: _____

How did you hear about Crossroads In Your Prime project?

Word of Mouth

Internet

Posters / Leaflets

Other

Please give further details below:

What is your availability?

Access NI

Details

Crossroads is a registered body with Access NI and has a legislative requirement to comply with their Code of Practice. The Code is intended to ensure that information released in disclosures is used fairly and to provide assurance to applicants that this is the case. The Code also seeks to ensure that sensitive personal information is handled and stored appropriately and kept only as is necessary.

Full details of Access NI Code of Practice can be found on their website: www.dojni.gov.uk/accessni

Do you have a current Enhanced Disclosure Certificate? **Yes** **No**

If yes, please give your Enhanced Disclosure Certificate Number: _____

Are you currently or have you ever been the subject of proceedings by the NISCC or being referred for any reason whatsoever to the Disclosure and Barring Service (DBS), previously known as the Independent Safeguarding Authority (ISA), for barring consideration?

Yes **No**

If yes, please provide full details to include dates and the outcome of these proceedings. Please write these on a page with your name at the top and place in a sealed envelope marked with your name and mark it confidential for the attention of Volunteer Co-Ordinator. Please note that you are required to inform us if you are or have been the subject of a referral to the Disclosure and Barring Service (DBS), previously known as the Independent Safeguarding Authority (ISA), for barring consideration, even if the outcome was not to bar.

Do you have any prosecutions pending? **Yes** **No**

Have you ever been convicted at a court or cautioned by the police for any offence?

Yes **No**

If yes, please list below details of all charges, prosecutions, convictions, cautions or bind-over orders, including 'spent' convictions. You must also include any minor matters, any road traffic or motoring offences. Give us as much information as you can, including, if possible, the offence, the approximate date of the Court Hearing and the Court which dealt with the matter.

Please Note:

The disclosure of criminal convictions will not necessarily debar you from volunteering with Crossroads, however if you do not disclose criminal convictions, and convictions are subsequently disclosed to us, it may affect your application and could result in the non-progression of the application.

All convictions will be considered in line with current regulations and business requirements.

More information on Crossroads recruitment of ex-offenders can be found in our policy, which can be requested by applicants at any time.

Signature: _____ Date: _____

Please return this completed form by: Email: iyp@crossroadscare.co.uk or Post:
In Your Prime, FREEPOST BEL3436, Crossroads Care NI, 7 Regent Street, Newtownards, BT23 4AB

 028 9181 4363
 www.crossroadscare.co.uk
 iyp@crossroadscare.co.uk
 7 Regent Street, Newtownards, BT23 4AB


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Northern Ireland

 
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