



York Playspace, The Danesmead Centre, Room 1, 33 Fulford Cross, York, YO10 4PB tel. 01904 627285

**VOLUNTEER REGISTRATION/CONTACT FORM**

**WHICH VOLUNTEERING OPPORTUNITIES ARE YOU INTERESTED IN?.....**  
.....

**PERSONAL DETAILS:**

<b>Surname</b>	<b>Initials</b>
<b>Address</b>	<b>Phone (day)</b> <b>(eve)</b> <b>email:</b>
<b>Postcode</b>	
<b>Date of birth</b>	

**Do you have any Disabilities, Special Needs or Health issues:**  
(it is very important that we know this information so that we can best accommodate your needs, this will not affect your rights to Volunteer). Please give details below:-

**BRIEF SUMMARY OF EDUCATION:**  
(Please give details of any qualifications studying)

**POST 16 QUALIFICATIONS:**  
*Please list any vocational, professional, further or higher education or other relevant qualifications, with subject, date awarded and name of awarding body.*

**DETAILS OF ANY RELEVANT EMPLOYMENT:**

*Most recent first*

<b>Employer</b>	<b>From</b>	<b>To</b>	<b>Nature of Job</b>
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**OTHER RELEVANT EXPERIENCE**

*Please describe any other experience relevant to the post. This may have been gained in personal or family life, voluntary work, hobbies or elsewhere.*

**INTERESTS**

*Please tell us about any interests that you may have.*

**CHILD PROTECTION:**

*Are you able to provide written proof that you have been cleared as a fit person to work with children?  
Please give details.*

**ARE YOU WILLING TO UNDERGO A CRIMINAL RECORDS CHECK?**

**DRIVING LICENCE:**

*Are you able and currently licensed to drive? (You may be asked to produce your licence).*

**ACCESS TO TRANSPORT:**

*Would you have the use of your own transport for your if necessary? We may be able to offer travelling expenses.*

**REFERENCES:**

*Please provide details of two people able to provide a confidential reference. Your references should be not be related to you.*

	<b>First referee</b>	<b>Second referee</b>
<b>Name</b>		
<b>Relationship To you</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Telephone</b>		

**DECLARATION:**

I certify that the information contained in this application is true and complete.

**SIGNATURE OF APPLICANT:**

**DATE:**

YORK PLAYSPACE

*York Playspace is a registered charity, no. 505921*