WAKEFIELD REGIONAL COUNCIL

VOLUNTEER REGISTRATION FORM

Version No:	2
Issued:	June 2020
Last Review Date:	October 2023
Next Review Date:	October 2026

Name (Mr/Mrs/Miss/Ms) _____

Address: _____

Telephone (Mobile) _____ (Work/Home) _____ Email:_____

Have you been a volunteer before? Yes ☐ No ☐

If yes, please specify role: _____

Skills or qualifications relevant to the volunteering role: _____

Are you currently employed? Yes ☐ No ☐

Occupation and/or previous occupation(s) _____

Are you available on a regular basis? Yes ☐ No ☐

What days and times of the week are you available? _____

Driving Information

Do you have a current driver's licence? Yes ☐ No ☐

Licence Number _____ Type (Class) _____

Do you have driver accreditation? Yes ☐ No ☐

If yes, current accreditation number _____

Are you prepared to undertake a working with children check, police clearance and a medical examination-certificate of fitness? (If applicable to the Volunteer Role) Yes ☐ No ☐

Can you speak another language? Yes ☐ No ☐

If yes, please specify _____

Do you have a Current First Aid Certificate? Yes ☐ No ☐

Emergency Contact:

Name _____

Address _____

Contact Number (Telephone/Mobile)_____

Relationship to Volunteer _____

Signed …… Date ……