

Tel: 01235 754700

Email: gita@afso.org.uk

Web: www.afso.org.uk

##### Volunteer Registration Form

**Your details**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname |  |
| Date of Birth |  | Age  |  | Gender |   |
| Address (inc postcode) |  |
| Telephone | Home |  | Mobile |  |
| Email |  |

|  |  |
| --- | --- |
| How did you hear about our volunteering opportunities? |  |
| Do you have your own transport? | **Car** Yes / No | **Bicycle** Yes / No | **Motorbike**  Yes / No |
| **Other/notes**: |  |

**Volunteer Opportunities** Please select all the opportunities that interest you, by entering ’X’ in the first column:

|  |  |
| --- | --- |
| **‘X’** | **Opportunity**  |
| **Youth Groups:** |
|  | 8-12 year olds Saturdays 9:30am – 12:30pm, Oxford |
|  | \*\* This group is currently CLOSED 11-16 year olds Thursdays 5:30pm – 8:30pm, Abingdon \*\* |
|  | 13-16 year olds Fridays 6pm – 9pm, Oxford |
|  | 16-21 year old Wednesdays 6pm – 9:30pm, Oxford |
| **Administration, fundraising and events:**  |
|  | **Office admin** Flexible times during Mon – Wed 9am – 4pm (own transport to Abingdon is required) |
|  | **Admin from home** (Microsoft Office and email required) |
|  | **Events / fundraising** E.g. planning, bookings, publicity, assisting or running an event |

**Availability**

|  |
| --- |
| What days and times are most suitable for you? |
|  |
| How often you could volunteer? (weekly/fortnightly/monthly – please indicate if term-time only):  |
|  |
| How long are you able to commit (e.g one year) |  |

**Employment/Experience**

|  |
| --- |
| Are you in full or part time employment / education / unemployed / retired? Please detail: |
|  |
| Please describe any employment and/or volunteering experience |
|  |

**Training/Knowledge**

|  |
| --- |
| Please tell us about any relevant training you have completed. Safeguarding Children training is required for all volunteers working with children. If you have not had recent training we will provide or arrange training shortly.  |
| **Safeguarding Children** If you have completed training in the past 3 years please provide details  |
| **Course Title and level** |  |
| **Trainer (organisation)** |  | **Date completed**  |  |
| Other relevant training you may have attended (please list) |
|  |
| Any specialist knowledge (e.g. Autism, behaviour management, play/activities) |
|  |
| Other skills, interests and hobbies relating to volunteering with us  |
|  |

**References:** Please provide details of 2 people we can contact for a reference. References should preferably be an employer or tutor, and must not be related to you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Name |  |
| Address |  |  | Address |  |
| Tel |  |  | Tel |  |
| Email |  |  | Email |  |
| Relationship to you |  |  | Relationship to you |  |

**Next of Kin** Please provide details of someone we can contact in case of an emergency

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship to you |  |
| Address |  |
| Home Tel |  | Mobile |  |
| Email |  |

**Data, signature and date**

|  |
| --- |
| **Use of Data** Information you have provided will be treated as confidential. Your details will be kept on a database for our records only, so that we may contact you.  |
| Please ‘x’ | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |
| **May we contact you by email** |  |  | **By phone/text** |  |  | **By post** |  |  |
|  **Signature (or type name if emailed)** |  **Date** |
|  |  |

**Please return this form** by email to Gita Lobo at: **gita@afso.org.uk**

Or post to: Gita Lobo, Autism Family Support Oxfordshire , Abingdon Community Support Service, Crabtree Place, off Audlett Drive, Abingdon, OX14 3GD