



**DCPA: The Pioneer Association in Down & Connor
Good Shepherd Centre, 511 Ormeau Road, Belfast, BT7 3GS**

Volunteer Registration Form

Full Name _____

Address _____

Town/City _____

Post Code _____

Date of Birth ____ / ____ / ____

Gender: Male/Female

E-mail _____

Home Telephone Number (____) _____

Work Telephone Number (____) _____

1. How did you hear about the Pioneer Association?

(e.g. poster, newspaper, word of mouth, church, etc)

2. Have you ever done voluntary work before? If so, please give details

3. Do you have any work experience or skills which you might wish to use in your Voluntary Work?

4. There are a wide range of volunteering opportunities available. Please tick this list to indicate where you feel your skills and interests lie:

- Administration
- Fundraising
- Driving
- Education around alcohol or drugs
- Listening, giving information
- Practical/DIY/Decorating
- Residential Work
- Work with children
- Youth Work
- Other

5. Do you prefer to work in a group or on your own? (please tick)

Group Own Either

6. Please tick the times that you can usually volunteer:

	<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thurs</i>	<i>Fri</i>	<i>Sat</i>	<i>Sun</i>
Morning							
Afternoon							
Evening							

Please also tick:

Flexible Occasional One Offs Other

7. **If you are interested in voluntary driving please answer the following questions:** (please tick)

Do you hold a clean driving license Yes No

Could you drive on a regular or occasional basis:

Regular Occasional

Could you use your own car in your voluntary work? Yes No

8. **Which area(s) of Belfast, would you like to volunteer in?**
(please tick)

North East West South Central Any

County Antrim County Down

9. **Are you ...?**

Employed Retired Student Unemployed

10. Please provide contact details for two referees whom we may approach to enquire about your background, character and suitability for voluntary work with us.

Name _____

Address _____

Capacity in which known?

Name _____

Address _____

Capacity in which known?

I confirm that the information provided above is true and complete.

Signed _____ **Date** _____

Please also complete the next page of this form, regarding the protection of children, then return it to us at:

DCPA: The Pioneer Association in Down & Connor
The Good Shepherd Centre,
511 Ormeau Road
Belfast, BT7 3GS

We will be delighted to hear from you!

Protection of Children Information

Volunteers can have substantial contact with children. Government regulations, and our own Child Protection Policy, require a formal check with police for relevant criminal convictions. Not all criminal convictions will automatically prevent you from becoming a volunteer. For your application to proceed, please provide the following information.

Full Name _____

Previous names _____

Address _____

How long have you lived at this address? _____

Please give any other address where you have lived in the last 10 years, with relevant dates:

Date of Birth _____ Place of Birth _____

National Insurance Number _____

Please give details of any criminal convictions (except traffic offences, cautions or bind overs) giving dates, nature of offence, court and penalty:

Declaration

I confirm that the above particulars are accurate, and that I give my permission for a police check to be made.

Signature _____ Date _____