



Volunteer Enrolment Form

Date interviewed: _____

Date started: _____

Task assign: Foodbank ☐ Oasis ☐ IT/computers ☐

Other: _____

CONFIDENTIALITY: All information given on this form is covered by the Oasis Confidentiality Policy and will be held as strictly confidential.

Have you registered with us before? YES NO Date of Birth:_____/_____/_____

Name: Miss Mrs Ms Mr Preferred Name:_____

First Name:_____ Last Name:_____

Address:_____

_____Postcode:_____

Phone: (Day)_____ (Night)_____ (Mobile)_____

Email:_____

Motivation: (Please circle the reasons why you are interested in Volunteering)

Work Experience Help Others Change in Career Direction

To Gain a Reference Improve Confidence Personal Satisfaction

Keep Active Meet People Acquire/Maintain Skills

Time available: (Please circle the most appropriate box for time that you are available)

Monday Morning Afternoon Term-time only

Tuesday Morning Afternoon Saturday Morning Afternoon

Wednesday Morning Afternoon

Thursday Morning Afternoon Any time

Friday Morning Afternoon

Educational background & qualifications:_____

Work History:

Name of employer/place:	From	To	Position	Reason for leaving

Have you previously done volunteer work? Yes No

If yes, with which organisation?_____

Work experience skills:_____

What type of Volunteer work are you looking for?_____

Have you found any obstacles to accessing volunteering opportunities: Yes No

If yes what?_____

What kinds of basic training would you be interested in attending?_____

Have you had any material (e.g. 1 year) gaps in your employment? If yes, please provide relevant details:

Employment Status: Employed F/T P/T Unemployed Retired
Student/training Primary carer Sick/incapacity

Additional Needs:

Do you have any needs that may affect your volunteering experience?

Mental Health	Yes	No	Cultural Issues	Yes	No
Physical Restrictions	Yes	No	Language Barriers	Yes	No
Injuries or Disabilities	Yes	No	Other (Please Specify)_____		
Have you childcare needs? Yes No					

If the answer to any of these is yes please supply details of any special adjustments that we may need to make to support your volunteering role

Referral: (How did you hear about us?)

Brochure / Poster	Employment Agency	Word of Mouth
School / Nursery	Children's Centre	Radio / Media
Community Worker	Telephone Directory	Health Professional
Church	Other_____	

General Information:

Do you hold a current driver's licence?	Yes	No	If Yes, What type?
Would you be prepared to use your own vehicle if requested?	Yes	No	
If yes, have you got comprehensive vehicle insurance?	Yes	No	

Confidential declaration.

I agree that if necessary a criminal records disclosure may be required before commencing the role.

NameFormer name.....

Signature.....Date.....

I am not aware of any reason why I am not able to undertake the work being asked of me.

OR There are matters that I need to declare before any voluntary appointment can be confirmed.

These are outlined here.

Name.....signed.....date.....

Reference – Name:_____Position:_____

Address:_____

Telephone Number:_____

e.mail address

Reference – Name:_____Position:_____

Address:_____

Telephone Number:_____

e.mail address.

Contact person in case of emergency:

Name:_____

Telephone number:_____

Relationship:_____

Ref asked for: ☐

Ref asked for: ☐

Written ref received: ☐

Written ref received: ☐

Are you willing to complete a form for criminal records bureau check (DBS) Yes No

Ethnic Monitoring Information – please ask member what category applies and tick box

White

☐ British

☐ Irish

☐ Any other white background

Black

☐ Caribbean

☐ African

☐ Any other Black background

Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

Chinese or other ethnic group

☐ Chinese

☐ Any other ethnic group

Please return the form to Oasis Project, 28 Manor Street, Plymouth PL1 1TW

Privacy

All information received today will be considered confidential, however we request your permission to share any relevant information with the agencies to which we may refer you to ensure a successful referral.

Volunteer's Signature:_____Staff member _____

Agency Name:_____Date:_____