



# Volunteer Registration Form

**Please complete and return this form to:**

AYA, Queens Park Centre  
Queens Park, Aylesbury  
Bucks, HP21 7RT

(Tel) 01296 421149  
(Mob) 07890 480880  
(Email) volunteer@aylesburyyouthaction.co.uk

## Section 1 – About Yourself

**First Name(s)**..... **Surname**.....

**Address**.....

.....

**Postcode**..... **E-mail**.....

**Tel**..... **Mobile**.....

**Gender**..... **Date of Birth**.....

**School/College/Training / Workplace Name**.....

**Do you have any qualifications?** (E.g. NVQ/GCSE/A-level/Degree).....

.....

**Do you have a disability or health problem that may affect you as a volunteer or that we should be aware of?** (If yes please give details).....

.....

**Are you allergic to any medication?** (If yes, please give details).....

.....

**In case of an emergency, whom should we contact?**

**Name**..... **Telephone**.....

**Address**.....

..... **Postcode**.....

**Relationship to you**.....

**Name and address of doctor:**

.....

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## For Office Use Only:

Date Form Received \_\_\_\_\_  
Added to mailing list? \_\_\_\_\_  
v50 achieved \_\_\_\_\_

Date volunteer first placed \_\_\_\_\_  
Youth Base Number \_\_\_\_\_  
vImpact achieved \_\_\_\_\_

**Section 2 – About Volunteering**

**Have you done any volunteering before?**.....

**Would you like your voluntary hours to contribute to the vAwards? YES/NO**  
*(v offers nationally recognised certification for the volunteering hours young people do)*

**Which of the following areas of volunteering would interest you?** Please tick

- |                            |                          |                                    |                          |
|----------------------------|--------------------------|------------------------------------|--------------------------|
| Advice and Guidance        | <input type="checkbox"/> | Media                              | <input type="checkbox"/> |
| Animal Welfare             | <input type="checkbox"/> | Music/Dance                        | <input type="checkbox"/> |
| Art                        | <input type="checkbox"/> | Peer support/education             | <input type="checkbox"/> |
| Community Help/Action      | <input type="checkbox"/> | Sports                             | <input type="checkbox"/> |
| Conservation/Environmental | <input type="checkbox"/> | Work with Children                 | <input type="checkbox"/> |
| Culture/Heritage           | <input type="checkbox"/> | Work with people with disabilities | <input type="checkbox"/> |
| Drama                      | <input type="checkbox"/> | Work with the elderly              | <input type="checkbox"/> |
| Health and Social Welfare  | <input type="checkbox"/> | Work with Young People             | <input type="checkbox"/> |
| Justice/Human Rights       | <input type="checkbox"/> | Other _____                        |                          |

**Which districts of Bucks would you like to volunteer in?**

- Aylesbury Vale  Chiltern  South Bucks  Wycombe

**Please tell us approximately when you think you may be available.** Please tick all that apply.

|           | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
|-----------|-----|------|------|-------|-----|-----|-----|
| Morning   |     |      |      |       |     |     |     |
| Afternoon |     |      |      |       |     |     |     |
| Evening   |     |      |      |       |     |     |     |
| All Day   |     |      |      |       |     |     |     |

**Is there a particular project that you would like to sign up for? YES/NO** *(if yes, please specify)*.....  
 .....

**Do you have an idea for a new project or would you like to be involved in designing a new project? YES/NO** .....

**I consent to taking part in volunteering opportunities organised through Aylesbury Youth Action**

- **I do/do not have a police record (Please delete as necessary) \***
- **I agree/do not agree to my photo being taken and used in promotional activities for Aylesbury Youth Action.**

\* Under the Rehabilitation of Offenders Act 1974 if you have substantial access to people under 18, you must declare convictions even if they are spent. Having a criminal record will NOT automatically restrict you from volunteering.

**SIGNED**..... **DATE**.....

**Parent/Guardian Consent must be obtained if you are under 16**

**SIGNATURE OF PARENT/GUARDIAN**.....

This information will be stored on a computer and is protected under the Data Protection Act. The information will be treated as strictly confidential and we will not give your personal information to any third parties without your expressed permission. Please note AYA is part of the national youth volunteering programme (v) and receives funding from the local authority therefore some of your details maybe used for statistical purposes.



# Equal Opportunities Monitoring Form

We ask all volunteer to complete an equal opportunities monitoring form to provide us with information about who is volunteering so that we can ensure activities are open and accessible to as diverse a group of young people as possible.

**The following questions are optional and the information is used for monitoring purposes only. This information will be treated in the strictest confidence and will not have any impact on the volunteering opportunities open to you.**

## Which ethnic group do you feel you belong to?

| White                            | Dual Heritage                                  | Asian or Asian British               | Black or Black British             | Chinese or Other Ethnic               | Roma and Travellers                      |
|----------------------------------|--|--------------------------------------|------------------------------------|---------------------------------------|--|
| British <input type="checkbox"/> | White & Black                                  | Indian <input type="checkbox"/>      | Caribbean <input type="checkbox"/> | Chinese <input type="checkbox"/>      | Roma <input type="checkbox"/>            |
| Irish <input type="checkbox"/>   | Caribbean <input type="checkbox"/>             | Pakistani <input type="checkbox"/>   | African <input type="checkbox"/>   | Other Ethnic <input type="checkbox"/> | Irish Traveller <input type="checkbox"/> |
| Other <input type="checkbox"/>   | White & Black African <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> | Other <input type="checkbox"/>     |                                       | Other <input type="checkbox"/>           |
|                                  | White & Asian <input type="checkbox"/>         | Other Asian <input type="checkbox"/> |                                    |                                       |  |
|                                  | Other <input type="checkbox"/>                 |                                      |                                    |                                       |  |

**Do you consider yourself to have a disability?** Yes  No

If yes, please describe the nature of this disability:

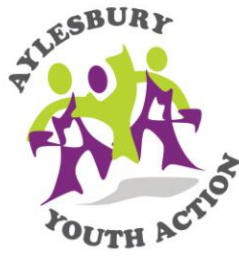
## What is your employment status?

- |  |   |
|--|---|
| Employed <input type="checkbox"/>                | Not in employment, education or training <input type="checkbox"/> |
| In education / learning <input type="checkbox"/> | In training <input type="checkbox"/>                              |
| Self-employed <input type="checkbox"/>           | Other <input type="checkbox"/>                                    |
| Prefer not to say <input type="checkbox"/>       |   |

## Sexual orientation

- |                                   |                                       |                                   |  |
|-----------------------------------|---------------------------------------|-----------------------------------|--|
| Bisexual <input type="checkbox"/> | Heterosexual <input type="checkbox"/> | Other <input type="checkbox"/>    | Prefer not to say <input type="checkbox"/> |
| Gay <input type="checkbox"/>      | Lesbian <input type="checkbox"/>      | Not sure <input type="checkbox"/> |  |

**Thank you for completing this form**



## **CHARACTER REFERENCE**

It is very important that all volunteers obtain a character reference when joining Aylesbury Youth Action.

Please ask a responsible adult who is not a relative (e.g. Teacher, Employer, Youth Worker) to sign the form below.

**To the best of my knowledge I do not know of any reason why this young person should not work on projects in the community that involve children or vulnerable adults.**

**Name of volunteer**.....

*(If there is any relevant information that you would like to add then please do so in the space provided)*

.....  
.....  
.....  
.....

**Name**.....**Relationship to volunteer**.....

**Contact No**.....

**Signature**..... **Date**.....

Please return this form to:-

Aylesbury Youth Action  
Queens Park Centre  
Queens Park  
Aylesbury  
Bucks  
HP21 7RT