



Welwyn & Hatfield CVS Furniture Scheme

26-28 Hyde Way, W.G.C Herts AL7 3UQ

Tel/Fax: 01707 395635

Email: whcvsfurniturescheme@hotmail.com

www.whcvfs.org.uk



Volunteer Registration Form

(Please complete in BLOCK capital letters and tick where necessary)

Jobs Available: *(Please tick one)*

<input type="checkbox"/> Drivers Assistant	<input type="checkbox"/> Driver Loader	<input type="checkbox"/> Warehouse Assistant	<input type="checkbox"/> Admin Assistant
<input type="checkbox"/> Cycle Repair Assistant	<input type="checkbox"/> Gardening Assistant	<input type="checkbox"/> Furniture Restoration	

Personal Details

Title: Dr/Mr/Ms/Miss/Mrs First Name: Surname: Male/Female

Address:

Town: County: Post Code:

Telephone Number: Mobile Number:

Email: Fax:

Nationality: DOB:

Age (if under 15) Age group 15-18 19-25 26-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 over 65

Status: Employed Unemployed Home Maker Student Self-Employed Retired

Ethnic Origin: Asian Black White Mixed Heritage Other *(Please specify)*

Religion:

Do you have a disability? Yes/No *(If yes please specify)*

Do you have any special requirements *(E.g. Access requirements etc)* Yes/No *(If yes please specify)*

Do you have a current UK driving licence? Yes/No Do you have your own transportation? Yes/No

How did you hear about us? *(Please tick one)*

<input type="checkbox"/> Friend	<input type="checkbox"/> Internet/Website	<input type="checkbox"/> Media	<input type="checkbox"/> Telephone Directory
<input type="checkbox"/> WHCVS	<input type="checkbox"/> Housing Officer	<input type="checkbox"/> Job Centre	<input type="checkbox"/> Voluntary Organisation
<input type="checkbox"/> Library	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Doctors Surgery	<input type="checkbox"/> College/University
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other <i>(please specify)</i>		

Registered Charity No. 267272

President
Dr D A Lewis

Chairman
Dr. J Redgrove

Treasurer
Mr. C Michael

Executive Officer
Mrs. C J Dillon





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Please list any skills you possess which may assist you in the position applied for.

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
Am: 9.30 -12.30					Closed
Pm: 12.30 -15.30					Closed

References: *(Names, address and phone number of two referees which are not relatives)*

I hereby give permission to The WHCVS Furniture Scheme to register my details with The Welwyn Hatfield Volunteer Bureau.

Date:

Signed:

..... **Office Use Only**

Date Received:

Office sign:

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