



# VOLUNTEER REGISTRATION FORM

**Please complete and return this registration form to the Volunteer Co-ordinator.**

All information will be held by Medical Detection Dogs in adherence with the Data Protection Guidelines

Full Name			
Address			
How long have you lived at this address?			
Home Telephone		Mobile	
E-mail			
Emergency Contact Details – Next of Kin / Family Member:			
Name:			
Relationship to you:			
Contact details:	Mobile:	Home No.:	
May we include your information on our database?	Yes	No	
Do you hold a full driving licence?	Yes	No	
How did you hear about volunteering opportunities with Cancer and Bio-detection Dogs?			

<b>Work/Volunteering Experience</b>			
Are You New to Volunteering?	Yes	No	
Please describe your work or volunteer Experience (Please continue on a separate sheet if necessary)	Date	Organisation	Role

<b>Why are you interested in volunteering</b> (you may tick one or more as appropriate)			
Meet new people	<input type="checkbox"/>	Benefit my health	<input type="checkbox"/>
Learn or develop new skills	<input type="checkbox"/>	Make a difference	<input type="checkbox"/>
Gain work experience	<input type="checkbox"/>	Addition to CV	<input type="checkbox"/>
Increase my confidence	<input type="checkbox"/>	Personal interest	<input type="checkbox"/>
Other (please explain)			

<b>Volunteering Opportunities</b>					
Please tick appropriate box (you may have more than one choice)					
Speaking	Fundraising	Puppy fostering	Driving	Breeding Stock Holder	Admin

<b>Days and Times when you are available</b>			
Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

<b>Referees (Please provide us with the names and contact details of two character referees)</b>		
	REFEREE 1	REFEREE 2
<b>Name</b>		
<b>Address</b>		
<b>Position</b>		
<b>Telephone</b>		
<b>Relationship to you</b>		

<b>Permission to obtain a CRB check</b>	
<p><b>In the course of our work, we are sometimes required to obtain a Criminal Records Bureau (CRB) check for both Staff and Volunteers. If appropriate, may we use your details to obtain a CRB check?</b></p>	<p>I agree to having my details forwarded for a CRB check</p> <p>Signature: _____</p> <p>Date: _____</p>

**Please return this registration form to the Volunteer Co-ordinator:**  
 3 Millfield, Greenway Business Park, Winslow Road, Great Horwood, Milton Keynes MK170NP  
 Telephone: 01296 655888