Nene Tereza

West Green Learning Centre
Park view
Langham Rd
London N15-3RB
Tel/Fax:02088894304
www.nenetereza.com

Volunteer Registration Form

Thank you for deciding to volunteer for us. To enable us to offer you the support and advice please take few minutes to complete this registration form. If you are unsure about any part of this document please ask for advice or assistance.

We will keep your information safe and confidential and will disclose only with your consent.

Criminal Records Certificate

Sensitivity of the work with vulnerable people (children and people with mental health problems), requires a Criminal Record check to be carried. This will be arranged by us.

Your details

wr/wrs/ws/wiss (please cir	ole offe)
First Name:	Surname:
Address:	
	Postcode
Daytime tel.:	Evening tel.:
E-mail:	D.O.B.:
Gender: Male	Female (please circle)
Age Group (please circle)	16-25 26-29 30-34 35-39 40-50 50-60 over 60
Choose not to disclose (ple	ease tick)





Religio	n:				7		
If you w	ish not to	disclose p	lease tick	the box			
Do you	consider y	ourself to	be disable	ed or to have a	any specific	support	needs?
Yes							
No							
Do not	wish to dis	sclose					
If yes p	lease tell u	ıs more: _					
ום	oaso tiek s	ach boy w	thon you or	e available fo	r voluntoer	ina	
PI							
a.m.	Monday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
p.m.							
			1			l	
Emplo	yment Sta	itus:					
Emplo	yed (full ti	me)					
Employed (part time)							
Unemployed							
Self-employed							
Retired							
volunteering							
Danida	in invelven	nont in vol	untooring				

• Have you previously volunteered for another organisation or project

Yes / No

If yes please tell us more _____



Albanian Community in UK

Was the volu	unteering during the last 12 months?		Wee / Ne
			Yes / No
Please tick the l	oox what you would like to do?		
	Befriending, Interpreting & Advocacy		
	Teaching		
	Dancing		1
	IT, administration, reception		
	Other, please specify		
them in our pub	me we would take pictures of you during dicity and with funders. To do this we we ou to give your consent by signing belo	ould need y	our permission, so
Name:	Signature:		

Date:

Thank you for taking the time to fill this form

