PERSONAL AND CONFIDENTIAL

VMS No.

FORM 3

Standard Volunteer Registration Form

PLEASE USE CAPITAL LETTERS

Mentee Name

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐

Mother Name

Father Name

LFC Member? Yes ☐ No ☐

Membership No.

House Number

Telephone Numbers Preferred contact

House Name — Home ☐

Street Name — Work ☐

Mobile ☐

Town — Fax

County

How would you prefer to receive information?

Postcode — By e-mail ☐

Country — Through the post ☐

Occupation — Email

Please list someone that we may contact in the event of an emergency?

Name — Relationship to you

Home Phone — Work Phone — Mobile Phone

To help us ensure your safety:

To help us allocate you safe and appropriate work; please tell us of any:

- Medication that you are taking that a First Aider or Doctor would need to be aware of?
- Activity you may find difficult for health or other reasons?
- Other information we may need to ensure your safety e.g. hearing or vision difficulties, ability to communicate or understand instructions.

Do you have a valid driving permit / US driving licence? Yes ☐ No ☐

How did you hear about volunteering with the LFC?

Family/Friends ☐ *Google* ☐ LFC Website ☐

Volunteering Information Brochure ☐ Other – please indicate

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Anticipated graduation date? Please list a few jobs / professions that you have been thinking of for yourself?

What are your favorite / least subjects in school? Are you involved in any activities, sports, clubs, and etc.?

Why do you want to be a part of Ladies First Class? What do you hope to gain from this mentoring program?

Personal Reference

Please supply the names and addresses of two people aged 18 or over who know you well that can account for your character e.g. a neighbour, head teacher, friend etc. Please note that these **cannot be someone who is related to you, who lives at the same address as you, or lives at the same address as the other referee**.

Please Use Capital Letters

	REFEREE 1	**REFEREE 2**
Title		
First Names		
Surname		
Any previous surnames		
Address		
Postcode		
Is this address	Home ☐ or Business ☐	Home ☐ or Business ☐
E-mail		
Day time telephone no.		
Occupation		

Introduction

Please introduce yourself to your mentee by telling a something about you. You can start with your name, age, college you would like to attend and why, and what you hope to gain from this experience.

"I would consider myself" circle all that apply

OUTGOING SHY ENERGETIC HAPPY SPIRTUAL INSECURE MOODY CONFIDENT FRIENDLY

I understand that:

- I may be working with confidential material and I will keep this material confidential.
- Insurance for my personal effects is my responsibility.
- If the information declared on this form is found to be incorrect, it may disqualify me from this role, or result in the termination of my volunteering.
- I understand this agreement to volunteer for the LFC is binding in honour only and is not intended to be a contract of employment.
- The LFC will take up references from the referees I've provided, and my volunteering is subject to these being satisfactory.

Signed _____ Date _____

We understand your privacy is important to you. The personal information you provide to us will only be used for the purposes of managing your volunteering with the LFC.

If you are not already a member of the LFC, please read the following

We respect your privacy and will not sell your personal data to any third party.

The LFC will use your details to tell you about our organization and fundraising; to run your membership; to conduct analysis and to contact you for research purposes. If you do not wish to receive marketing information in the following ways, please tick the relevant box.

☐ **Mail** ☐ **Telephone** ☐ **Email** ☐ **Text**

Thank you for taking the time to complete the form. Please return it to the address below.

Please return this completed form to:

If blank please return to:

Private & Confidential – Addressee Only

Ladies First Class

P.O Box 68

Mableton, GA 30126

VOLUNTEER'S LINE MANAGER TO COMPLETE – PLEASE USE CAPITAL LETTERS

Volunteer's Role Title:

Volunteer's Line Manager:

Reserve/Location volunteer will be volunteering at:

Vacancy ID: Start Date:

Young People & Vulnerable Adults Vetting Toolkit used to assess this role? Yes ☐ No ☐

If Yes ***Young People & Vulnerable Adults Vetting Toolkit*** score

Identity Checks - Form of Identity Provided:

Passport (any nationality) ☐

Original US Birth Certificate (Issued within 12 months of date of birth) ☐

US Driving Licence (either photo card or paper) ☐

Valid photo identity card ☐

Seen by (print name): Date seen:

Do you need any more volunteers in this role or shall we archive this role for you – **MUST BE COMPLETED**