



VOLUNTEER REGISTRATION FORM

Your Details

Forename(s): _____ Title (Mr, Mrs etc.): _____

Surname: _____ Mobile No: _____

Address: _____ Postcode: _____

_____ Email: _____

Volunteering Details

Why are you interested in volunteering? (Please tick all that apply)

- I want to help others
- I have spare time and want to use it productively
- I have skills and experience I can bring to
- Crossroads
- Other, please specify: _____

Do you feel you have any skills that you could share with others?

What areas of work are you interested in?

- Befriending
- Charity Shop
- Telephone
- Volunteer Event
- Service
- Support
- Fundraising
- Other, Please Specify: _____

How did you hear about Crossroads In Your Prime project?

- Word of Mouth
- Internet
- Posters / Leaflets
- Other

Please give further details below:

What is your availability?

Please Note:

As part of your volunteering role with Crossroads Care NI Charitable Group, you may be asked to complete a standard or enhanced Access NI check. If you are required to do this then full information will be provided to you as part of the registration process. The disclosure of criminal convictions will not necessarily prevent you from volunteering with us.

Signature: _____ **Date:** _____

**Please return this completed form by: Email: iyp@crossroadscare.co.uk or Post:
In Your Prime project, 432 Upper Newtownards road, BT4 3GY**

Print Completed Form

Email Completed Form



028 9181 4363



www.crossroadscare.co.uk



iyp@crossroadscare.co.uk



432 Upper Newtownards road, BT4 3GY

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