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**Volunteer Registration Form**

Please complete this form and return it to admin@can.uk.com

|  |  |
| --- | --- |
| **Name:** | **Telephone No:****Mobile No:****Email:** |
| **Home address:****Postcode:** | **Date of birth:** |

**Please provide the name and address of an Emergency Contact. If you are under 18, this contact should be a Parent/Guardian, who will have to fill in a consent form on your behalf:**

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |
| **Address:** | **Contact Number:** |
| **Do you have any medical condition or a disability that we need to know about?**  |

**Your answers to the questions on the following questions are for our monitoring purposes only and will be kept completely confidential.**

|  |
| --- |
| **Please describe your heritage/ethnicity by ticking below**  |
| **White** | British  |  | **Asian/Asian British**  | Indian |  |
|  | Irish |  |  | Pakistani |  |
|  | Gypsy or Irish Traveller  |  |  | Bangladeshi |  |
|  | Any other white background  |  |  | Chinese |  |
| **Mixed**  | White and black Caribbean |  |  | Any other Asian background  |  |
|  | White and Black African |  | **Black/ Black British**  | African |  |
|  | White and Asian |  |  | Caribbean  |  |
|  | Any other mixed background |  |  | Any other black background |  |
| **Other**  | Arab  |  | **Other** | Any other ethnic group |  |
|  | Latin American  |  |  | Prefer not say  |  |
|  |  |  |  | Not known  |  |

|  |
| --- |
| **Gender**  |
| **How do you identify your gender?** |
| **Disability** |
| **Do you identify as a D/deaf or disabled person, or have a long-term health condition?** |
| **Yes** |  | **No** |  |
| **Do you have a DBS check?** |
| **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you want to be added to CAN’s mailing list?**We will not share your contact details with any third party organisations. Your name and email address will be stored in our password protected database on Mailchimp. We will only email you about CAN’s events, news and opportunities. You can unsubscribe from our mailing list at any time using the unsubscribe link at the bottom of each email. | Yes |  | No |  |

To help us decide which role would be most appropriate for you, please give details of your interests and any relevant experience you have: (Continue on reverse if necessary)

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**I am available to volunteer:**

Monday am pm
Tuesday am pm

Wednesday am pm
Thursday am pm

Friday am pm
Saturday am pm

Sunday am pm

**Please tick areas in which you are willing to volunteer your time:**

OFFICE ADMINISTRATION  WORKSHOP ASSISTANCE 

FESTIVAL VOLUNTEER  WORKING WITH CHILDREN 

USHER  BACKSTAGE SUPPORT 

MEETING & GREETING  OTHER ………………………… 

I understand that Community Arts North West (CAN) will use this personal information for the following purposes:

* Your personal details (ethnicity, age, postcode, disability, gender) will be kept in Community Arts North West’s secure database that allows CAN to report anonymous information to our main funders.
* Your personal contact details (including emergency contact) will be held securely by CAN and used to contact you directly if needed or if there are any other opportunities you may be interested in.

I agree that Community Arts North West can use my information for the purposes mentioned above.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

July 2021