**BUBBLE CREATIVE VOLUNTEER
REGISTRATION FORM**

**YOUR CONTACT DETAILS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth / /

Mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landline number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AM INTERESTED IN HELPING WITH (tick as many as you like)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Joining a performing company or choir |  | Befriending / supporting older adults |  | Joining a weekly creative group supporting older adults |  |
| Researching local history and migration for the Mayflower project |  | Creative team support |  | Supporting a participant with additional needs |  |
| Event support |  | Learning a craft-based skillEg Lantern making |  | Teaching others (including older adults) a skill |  |

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AM USUALLY AVAILABLE ON (tick as many as apply or write details below)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Mornings |   |   |   |   |   |   |   |
| Afternoons |   |   |   |   |   |   |   |
| Evenings |   |   |   |   |   |   |   |

**CONTACT IN EVENT OF EMERGENCY**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABOUT YOU**

You don’t need to have any previous experience to be a Bubble Creative Volunteer, but it is helpful for us to know a bit about your skills and experiences, and what you are hoping to get out of volunteering with us. It also helps us report back to our funders about the impact of our volunteering programme.

1. What skills and/or experiences do you have that might be relevant to being a Bubble Creative Volunteer?
2. Why would you like to volunteer at London Bubble?
3. What new skills you are hoping to gain from volunteering?

Would you like to be added to our mailing list to hear about volunteering opportunities?

YES NO

Are you happy for London Bubble to contact you about your events and activities?

YES NO

London Bubble document their projects with photos and video. Would you be happy for any images featuring you to be used in future publicity material and on the website?

Yes  No

How did you hear about this opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCLOSURE AND BARRING SERVICES**

Some of our volunteering roles involve working with vulnerable adults, in which case we will need to see a current DBS certificate, or ask you to apply for one (this is free of charge for volunteers).

Do you have a current DBS certificate? YES NO

**FIRST AID**

Are you trained in First Aid? YES NO

Date of First Aid training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL DETAILS**

Are there any physical conditions or injuries that affect your day to day life:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any access requirements? Yes  No

Please share any information about your access requirements that will help us support you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take any medication that we should be aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have asthma? Yes / No If so do you carry an inhaler? Yes / No

Are you allergic to: Any medicines eg. penicillin Yes / No

Any other substances eg. food Yes /No

**MORE ABOUT YOU**

The following questions cover information we are often asked to provide by our funders. By answering them you help us to report back more effectively on how we have spent their money and seek future funding. However, we understand that these questions are very personal and it is your right if you choose not to answer them if you prefer not to.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White | Mixed | Asian or Asian British | Black or Black British | Chinese |
| British |  | White & Black Caribbean |  | Indian |  | Caribbean |  | Chinese |  |
| Irish |  | White & Black African |  | Pakistani |  | African |  | Other ethnic group |  |
| Any Other |  | White & Asian |  | Bangladeshi |  | Any other |  |  |  |
|  |  | Any other |  | Any other |  |  |  |  |  |

Do you consider yourself to be disabled? Yes  No

Are you currently employed? Please tick which one applies to you:

|  |  |  |  |
| --- | --- | --- | --- |
| Working full time |   | Not working - retired |   |
| Working part time |   | Not working - looking after house/children |   |
| Unemployed  |   | Not working - disabled |   |
| Student, working part time |   | Other |   |
| Student, not working |   |  |  |