



Volunteer Registration Form

Oxford and District Mencap, 24 Squithey Lane, Oxford OX2 7LD
01865 552577, email: administrator@oxfordmencap.org.uk

CAMP INFORMATION

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|--|---------|-------------------|---------|---------|--------|
| WHICH CAMP ARE YOU VOLUNTEERING FOR? | WEEK 1: | WEEK 1, TOP CAMP: | WEEK 2: | WEEK 3: | WALES: |
| WOULD YOU LIKE A PICK-UP FROM CENTRAL OXFORD STATION ON THE FIRST DAY OF CAMP? | | | Yes: | No: | |

PERSONAL INFORMATION & EMERGENCY CONTACTS

| | | | |
|---|----------------|--|-------------------------|
| SURNAME: | | FIRST NAME: | |
| GENDER: | Male: | Female: | I would rather not say: |
| AGE: | DATE OF BIRTH: | STATUS – Single or married: | |
| NAME OF COLLEGE/ UNIVERSITY, OR EMPLOYMENT DETAILS: | | | |
| EMERGENCY CONTACT – FULL NAME: | | EMERGENCY CONTACT NUMBERS- Home: Mobile: | |
| Relation to you: | | | |
| SPECIAL DIETARY REQUIREMENTS: (Contribution may be required) | | | |
| DISABILITY/MEDICAL REQUIREMENTS: | | | |
| DO YOU HOLD A DRIVING LICENCE? | | IF SO, WHAT IS THE NUMBER ?: | |

CONTACT INFORMATION

| | | | |
|--|---------------------|-------------------------------------|--|
| ADDRESS: | | | |
| POST CODE: | COUNTRY: | CONTACT NUMBERS Home: Mobile: | EMAIL: |
| FUNDRAISING – Would you be interested in making regular donations to ODM? This would make a huge difference to ODM and it does not matter how small the amount is. If so please go on our website address, 'oxfordmencap.org.uk' and use the Paypal link. | | Yes: | No, but I am happy to volunteer my time: |
| WHERE DID YOU HEAR ABOUT US? - | Previous volunteer: | Online search via our website: | Social Media/other: |

BACKGROUND INFORMATION

| | | | |
|--|--|----------------------------------|--|
| PLEASE DETAIL ANY SKILLS AND PREVIOUS EXPERIENCE THAT COULD BE USEFUL TO THE CAMPS? : | | | |
| REFERENCES (NEW VOLUNTEERS ONLY) Please provide 2 reference contacts information. Neither should be related to you. 1 should have known you for more than 3 years and 1 should be a professional or employer. | REFERENCE NO.1 – NAME, ADDRESS & POSTCODE: | Home no: Mobile no: Email: | |
| | REFERENCE NO.2 – NAME, ADDRESS & POSTCODE: | Home no: Mobile no: Email: | |



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|--|------------------------|--|-----------------------|
| DO YOU POSSESS A DBS CERTIFICATE? | | If so, what is your certificate number ?: What date was the certificate issued? | |
| If you do not possess a DBS Certificate, ODM will send you the necessary application information. There is no charge involved for volunteers | | | |
| DO YOU POSSESS ANY OF THE FOLLOWING? | Lifeguard Certificate: | Food Hygiene Certificate: | First Aid Certificate |
| | Minibus Licence | A vehicle to assist with trips: | |
| IF OVER 25 AND A DRIVER WOULD YOU VOLUNTEER TO TAKE THE MINIBUS TEST IF THIS WAS FUNDED BY ODM? | Yes: | No: | |

NEW VOLUNTEER ORIENTATION DAY

| | | |
|---|------|-----|
| CAN YOU ATEND THE ORIENTATION DAY AT HILL END CAMP, NEAR OXFORD ON SATURDAY 27 TH JUNE 2020? | Yes: | No: |
| WOULD YOU LIKE A PICK-UP FROM CENTRAL OXFORD FOR THE ORIENTATION DAY? | Yes: | No: |

GUIDANCE AND LIMITATIONS

COMMITMENT:

In becoming a volunteer, you commit to joining the camp volunteer team, supporting a person with learning difficulties on their summer holiday. For many of our campers, this is the only week that they will have away from their carers and home environment all year. We understand that circumstances sometimes change, but if you find that you're unable to volunteer with the holiday camp for any reason, please make sure to let us know as soon as possible.

RESPONSIBILITY FOR LOSS DAMAGE OR BREAKAGE OF PERSONAL PROPERTY:

Oxford and District Mencap are not responsible for the loss, breakage, or damage of watches, electronic equipment, mobile phones and similar equipment belonging to any volunteer. Please ensure that all valuable and personal items are covered by your own travel/home insurance.

CONFIDENTIALITY:

ODM will hold your contact details in order to inform you about the Hill End Camp holidays and other events. We do not share your details with anyone outside our organization without your consent. Our Privacy Policy is available on request. Your signature below confirm that you understand and agree with us holding your contact details.

SIGNATURE AND DATE

| | |
|---------|-------|
| SIGNED: | DATE: |
|---------|-------|