

Little Lions Therapy

Helping your child learn new skills, develop independence and build confidence.



Volunteer Registration Form

VOLUNTEERS MUST BE A MINIMUM OF 16 YEARS OF AGE

PERSONAL DETAILS

Name	Date of Birth
Address:	
Email:	Mobile:
If you are under 18 years of age at the time you wish to commence volunteering, please ask your parent or legal guardian to sign below.	
I declare that I am the parent/legal guardian of the above named applicant and can confirm that the information they have given is true and complete. I support his/her application to become a Volunteer	
Signed _____	
Print _____ Parent/Guardian (please circle)	

PLEASE TELL US WHY DO YOU WOULD LIKE TO BE A VOLUNTEER

SKILLS, HOBBIES AND EXPERIENCE

Please list your skills, hobbies and any experience that you consider an advantage to becoming a volunteer (*you may use a continuation sheet if necessary*).

Please return the completed form by email to littlelionstherapy@gmail.com

HAVE YOU VOLUNTEERED BEFORE YES / NO (please circle)

If yes, please complete the table below

Name of Organisation/Charity	Main Duties

REFERENCE DETAILS

Please give details of two referees who have known you for three years or longer and are able to provide references relating to your experience and suitability to become a volunteer (**family members may not be submitted as referees**). One should preferably be an employer or school/college reference.

	Reference 1	Reference 2
Name:		
Address:		
Email:		

PLEASE GIVE DETAILS OF SOMEONE WE MAY CONTACT IN CASE OF EMERGENCY

Name:	Relationship to you:
Mobile:	

AGREEMENT

Do you agree to adhere to Little Lions Therapy Volunteer Policy? YES / NO (please circle)

Do you agree to adhere to all policies related to Little Lions Therapy including Social Media Policy, Safeguarding Policy, Privacy Policy, Health and Safety Policy YES / NO (please circle)

All staff/volunteers involved in Little Lions Therapy staff are required to complete an Access NI application, after which, you will be required to show your certificate to a member of the LLT Team (Sonja Robb, Orla Doherty, Judith Somerville) The cost to the volunteer is £5. Do you agree to complete an application and pay the required fee YES / NO (please circle)

I declare that the information on this form is true and complete. I understand that any false information may result in the withdrawal of this application or being asked to cease volunteering

Signed: _____

Print: _____ **Date:** _____