

EHRS Night Shelter Volunteer Registration Form

Title: Mr/Mrs/Miss/Ms
First Name Last Name
Date of Birth if under 18
Address
Postcode
Contact Telephone Number(s)
E-mail address
Have you worked as a volunteer before? Yes / No
If yes, please give details:
Please confirm you will be happy to share your name, email address and mobile number with other night shelter volunteers and team: Yes / No
Please indicate if you are interested in being contacted about other volunteering opportunities within the community: Yes / No
Signed
Date

All volunteers will be emailed or given a copy of the Together In Barnet Night Shelter Handbook and will be expected to confirm they have read and agreed with it.

Night Shelter Training sessions will be arranged.

A copy of the EHRS Volunteers' Handbook is held in the office.

Please return this form to nightshelter@ehrs.uk

