



# NOTTINGHAM BIKEWORKS

Units 1-3 Ayr Street Workshops, Ayr Street, Nottingham NG7 4FX. Tel: 0115 9792433

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## VOLUNTEER REGISTRATION FORM

**First Name** ..... **Surname**.....

**Address**.....

**Tel** ..... **Email** .....

**Date of Birth** ..... **Male / Female/ Other**    **Ethnicity/ Nationality** .....

**Next of Kin**..... **Relationship** .....

**Contact**.....

Which volunteering role are you applying for?

.....

What is your experience in this role? Please describe.

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Do you have any particular skills/ interests/ experience that might be helpful to share with NBW?

.....  
.....

*This information will be kept confidential and destroyed when you cease to be a volunteer*

Do you have any existing knowledge of bicycle maintenance? **Yes/No** If Yes, please give some information:

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.....

Is there anything particular you want out of your time as a volunteer?.....

.....  
.....

Commitment:

Please indicate the level of commitment you are able to apply to this role:

..... hours per week / month (delete as appropriate)

or

Would you like to work for outdoor activities and one off events?

Yes / No

Any physical/ mental/ other issues that you think it would be helpful for us to know?

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Do you give permission for photographs of you to be used to promote Nottingham Bikeworks? **Yes / No**

I give permission for this information to be put on a confidential database for monitoring and feedback.

Volunteer signature .....Date .....

***This information will be kept confidential and destroyed when you cease to be a volunteer***