## FRIENDS OF PETERBOROUGH PRISON

**Supporting the Friends and Families of Prisoners** 



## **Volunteers Personal Information**

	NAME:		
We have va	arious volunteering opportunities p	lease tick the one/s you	u are interested in
	T-Bar in the Visitors Centre		
	Children's crèche in the male	visits hall	
	Mother & Baby Unit		
	Supporting prisoners in the E	ducation Department	
	Gardens /Gardening Club		
	Other		
Address			
Date of birth			
Telephone Number		Mobile	
e-mail address			
Have you done any volunteering before?			
How did you first hear about volunteering at HMP Peterborough?			
Have you ever worked in, or been to a prison before?			
Are you currently working? Full / Part time?			
Are there any special requirements you would need in order to volunteer? Do you have any medical conditions or allergies?			
Do you know anyone currently detained in HMP Peterborough?			

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Please give details of two people who would be willing to provide character references for you (not family members).

1.

Name

**Address** 

	Post Code
	Tel. No.
2.	Name
	Address
	Post Code
	Tel. No.
Than	k you for taking the time to complete this questionnaire your answers will help us to
	ort you in your role as a volunteer with the Friends of Peterborough Prison (FOPP)
discl	data collected in this form will only be used for the work of the FOPP and will not be osed to any external source without your written consent. Electronic and paper records will eleted / shredded when you stop volunteering for the FOPP.
Sign	ed: