



RRAVS Volunteer Centre, 105a High Street, Rayleigh, Essex, SS6 7QA

Tel: 01268 772796

Email: ravsrayleigh@btinternet.com

website: rravs.org.uk

VOLUNTEERING OPPORTUNITY REGISTRATION

Organisation Name:

The information you provide below will be used to match volunteers for this volunteering opportunity. It is important that the information you provide is as accurate as possible. This will help v Team to attract suitable volunteers. Try to use language which emphasises the appeal of this volunteering opportunity, since this will help create interest. Volunteer Centres will make every effort to market your volunteering opportunity effectively.

Opportunity Title: *(Please provide a short and appealing title for this opportunity, e.g. home visitor, telephone help-line volunteer, gardener, receptionist, retail assistant)*

.....

Description of Opportunity: *Please provide us with a short and interesting description of what the volunteer will be expected to do. Please remember, the more lively the better! Please enclose a Role Description, if you have one.*

.....
.....
.....

What client groups will volunteers be working with?

What do you see as the benefits of involvement for volunteers?

.....
.....

Skills and Qualifications Required: *Please provide us with details of any skills and/or qualifications that the volunteer should possess*

.....

Directions: *Please provide some brief instructions on how to locate the site of the voluntary opportunity*

.....
.....

Address: *(where the opportunity is based. Leave blank if same as organisation address)*

.....
.....

Contact Name: *(person with whom the volunteer would make contact)*

.....

Telephone Number: **Fax:**

E-mail:

I am happy for the above contact details to be passed
on to prospective volunteers

Yes / No

Please indicate when volunteers are required.

Start Date..... End Date.....

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM							
PM							
EVE							
Flexible							

Weekly	
Fortnightly	
Monthly	
Occasionally	
One-off	

Please tell us what time commitment you expect from volunteers, and if there are specific times when volunteers are required (e.g. lunch-club volunteers may be needed between 11am and 2pm)

.....
.....

If for some specific reason, you **do not want** this opportunity uploaded to the National Volunteering Database on the do-it.org.uk website, please tick this box. Please see coversheet for further information.

[]

Areas of interest

Please tick any of the following that apply to the opportunity:

Animals		Environment		Millennium Volunteers	
Arts & Culture		Families		Museums	
Children		Gay, Lesbian, Bi & Transsexual		Music	
Disability		Health, Hospital & Hospices		Politics	
Disaster Relief		Heritage		Prisoners & Ex-Offenders	
Domestic Violence		Homelessness & Housing		Race, Ethnicity & Refugees	
Drugs & Addictions		Human & Civil Rights		Religion	
Education & Literacy		International Aid		Sport & Outdoor Activities	
Elderly		Legal Aid & Justice		Women's Groups	
Emergency Services		Mental Health		Youth	
Employment		Mentoring			

Type of activity

Please tick any of the following that apply to the opportunity:

Administration		Driving		Marketing, PR & Media	
Advice, Information & Support		Employee & Group Volunteering		Mentoring	
Architecture & Building Work		Entertainment		Music	
Art		Finance Work		National & International Events	
Befriending & Buddying		First Aid		Officials	
Business, Management & Research		Fundraising		Practical Work & DIY	
Campaigning & Lobbying		Gardening		Retail & Charity Shops	
Caring		General & Helping		Sports Development	
Catering		Hostel Work		Teaching, Training & Coaching	
Community Work		Languages		Trusteeship & Committee Work	
Computers, Technology & Website Design		Legal Work		Under 16 Volunteering	
Counselling		Local Events		Youth Work	

Recruitment method:

- Application form Criminal Record Bureau check (disclosure)
- Informal discussion
- Interview *(It is your responsibility to determine whether a CRB check is necessary and, if so, to ensure it is carried out. It is beneficial for v Team to be able to inform prospective volunteers that start times may be delayed until the results of the CRB are known.)*
- Not known
- Other
- References
- Trial period

Arrangements

Please provide details of the arrangements made under each heading below

Gender restrictions?

Age restrictions? Upper limit.....yrs Lower limit.....yrs

Please indicate the reason for these restrictions

.....

Is this role particularly suitable for volunteers aged **16-17** or **18-25** ? *Please circle*

Please give details of any issues that might affect volunteers' access to this opportunity (e.g. building accessibility, parking)
.....

What expenses do you pay volunteers?

Induction for new volunteers? Yes / No

Will volunteers be insured whilst undertaking this role? Yes / No

What support will be available to volunteers? e.g. will they be working alone or with others, will a member of staff be on hand to support volunteers.....
.....

Please give brief details of training offered to volunteers
.....
.....

Any other arrangements: (e.g. support meetings /social events)
.....
.....

Please indicate which districts / geographical areas this volunteering opportunity is applicable, if you would like us to circulate the details you provide to the relevant v team. *Please bear in mind travel cost incurred by volunteers, if you are searching for volunteers outside the district of activity.*
.....
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You may be contacted by these Volunteer Centres if they require additional information of local relevance.

I confirm that the above details are correct, and that I wish for the vinvolved team to promote this opportunity on behalf of my organisation. I understand that, whilst the v Team accept responsibility to act reasonably and carefully when referring volunteers to an organisation, they act as referral organisations only. It is the role of this organisation to be responsible for the selection, screening and vetting of volunteers (taking up references, CRB checks etc). I will inform v Team as soon as possible if this opportunity ceases to be available, or if any details change.

Signed.....

Name.....

Organisation.....

Date.....

Please return this form to your nearest v Team (contact details on coversheet).

Please tick to confirm you are happy for this information to be shared with Volunteer Centres