




## **VOLUNTEER REGISTRATION FORM**

### PART 1

Title	First Name	Last Name
Address		
		Postcode
 Telephone	 Mobile	 E-mail

How would you prefer us to contact you?

How did you hear about the Volunteer Centre?

If you are interested in a particular volunteering opportunity or opportunities, please give the details here  
 If you are unsure, please look through the list below to help us find a suitable opportunity for you.

### What sort of organisation would you like to volunteer with? Tick all that apply

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

### What would you like to do? Tick all that apply

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

Please give brief details of any previous voluntary work, skills, qualifications or experience.

Why do you want to volunteer?

Please indicate the times that you can volunteer. If you are available at anytime, please tick all

ALL	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							
Evening							

Please tell us anything else you think might be relevant or any situations you would rather avoid so we can make the best volunteering match for you

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Do you have your own transport?	Yes/No
Are you insured drive as a volunteer driver?	Yes/No
What type of driving licence do you have?	

Would you be interested in hearing about one-off volunteering activities e.g. Make a Difference Day?	Yes/No
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Do you have any <u>unspent</u> criminal convictions? (Under the Rehabilitation of Offenders Act)	Yes/No
Please give details, where relevant	

The information you have given on this form will be treated as confidential, and will be held on file in accordance with the Data Protection Act 1998. We will seek your agreement before making available your details to volunteering organisations. It may be necessary to allow our funders access to information from this form and on the support we give. This is for monitoring purposes only, and this information will be used for no other purpose. Please sign to signify agreement to these terms.

Signed: .....DATE:.....

PART 2

MONITORING INFORMATION

*This information helps us decide what services we need to provide in the future.*

Date of Birth	Date.....	Month.....	Year.....
Male/ Female			

Please tick ALL that apply							
Employed		House person		Lone parent		Non-Employed	
Retired		Self Employed		Student		Unable to work (medical)	
Unable to work (in UK)		Unemployed		Unemployed (over 3 months)			

If you are seeking volunteering as a pathway to paid work or training, please tick	
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What do you consider your ethnic background to be? Please tick					
African		Bangladeshi		Black	
Black Caribbean		Chinese		Indian	
Other Asian		Other Black		Other Mixed	
Other White		Pakistani		White & Asian	
White & Black African		White & Black Caribbean		White British	
White British (English)		White British (Scottish)		White British (Welsh)	
White Irish		Any other background		Rather not say	

What is your nationality?	
Do you consider yourself to have a disability?	Yes/No
Do you need any extra support or assistance to volunteer?	Yes/No

For office use