

Volunteer Opportunity Registration Form

1. Fill in a separate form for each different opportunity.

Volunteer Opportunity: e.g. driver, administrator etc	
Name of Organisation:	
Contact name for the opportunity:	Position:
Tel No:	Email:

2. Please give a description of the opportunity. This is your chance to “sell” the opportunity to people so try to make it sound interesting and worthwhile.

3. Where does the opportunity happen and what are the travel details (no more than 35 words)?

4. Are there any restrictions on who can be a volunteer?

Minimum Age: _____ Any other restrictions? e.g. gender _____

5. Number of volunteers needed for this opportunity: _____

6. What skills, attitudes, experience does a person need to do this volunteer opportunity?

7. Which **one** of the following activities best matches the volunteer opportunity?

Administration/Office Work	Homeless/Housing	
Advice/Information	Human/Civil Rights/Justice	
Animals	Journalism	
Anti Poverty Work	Languages/Translating	
Arts (Music/Drama/Crafts)	Learning Disabilities	
Befriending	Library/Information Management	
Brain Injury	Management/Business Skills	
Campaign/Lobbying	Marketing/PR/Media	
Care/Support	Men's Groups	
Catering	Mental Health	
Children	Mentoring	
Committee/Trustee Member	Museums/Galleries/Heritage	
Community Development	Older people	
Computing	Online Volunteering	
Conservation/Gardening	Overseas Volunteering	
Counselling/Listening	Prisoners/Offenders/Ex-Offenders	
Crime/Safety	Race/Ethnicity/Refugees	
Disability, Physical	Religion/Faith	
Disaster/Emergencies	Research/Policy Work	
DIY/Practical	Residential Volunteering	
Driving/Escorting	Sensory Impairment	
Drugs/Alcohol issues	Shops/Retail	
Environment	Short Term/Seasonal Volunteering	
Families	Specialist/Technical	
Finance/Accountancy	Sports/Outdoor Activities	
Gender/Sexuality	Teaching/Tutoring/Supporting Learners	
Fundraising/Flag Days	Unemployment	
Health/Hospitals/Hospices	Women's Groups	
Home-based Volunteering	Young People	

8. When does the volunteer opportunity start? (dd/mm/yy): _____

Is there an end date? If yes please enter (dd/mm/yy): _____ **or** is it ongoing (tick if YES):

9. What are the **minimum** hours per day, week etc that a volunteer would need to do for this opportunity?

e.g. 4 hours per week, 2 hours per fortnight, etc:

_____ Hours per day week fortnight month quarter

Other (please describe): _____

10. Is there a minimum commitment expected of the volunteer e.g. 6 weeks, 3 months etc.

_____ (Enter a number) Days Weeks Months Years

Other (please describe): _____

11. Please tick when the opportunity happens. Tick as many boxes as appropriate.

Day of Week	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Does the opportunity take place in school holidays?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the opportunity take place in term-time?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

12. What types of insurance(s) cover this opportunity?

<input type="checkbox"/>	Public Liability	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>	Professional Indemnity
<input type="checkbox"/>	Employers Liability	<input type="checkbox"/>	None	<input type="checkbox"/>	Other

13. What selection method(s) will be used for prospective volunteers?

<input type="checkbox"/>	Application Form	<input type="checkbox"/>	POCVA Check	<input type="checkbox"/>	Induction/training
<input type="checkbox"/>	References	<input type="checkbox"/>	Informal chat	<input type="checkbox"/>	Trial Period
<input type="checkbox"/>	Interview	<input type="checkbox"/>	Other(s):		

14. Will you use the Volunteer Centre application procedure or do you prefer to use your own? Yes No

15. Training and Support for Volunteers:

- Will the volunteer be offered induction/start up training? Yes No, but would like further information
- Will the volunteer be offered on-going training? Yes No, but would like further information
- Will the volunteer be offered support? Yes No, but would like further information

16. Please give a brief description of induction, ongoing training and support for the volunteer (max 35 words):

17. Will the volunteer have a named contact person at your organisation? Yes No

If yes, who will that be? _____

18. Is there disabled access available where the opportunity happens? Yes No

19. Can you accept volunteers with special support needs?

Yes

No

If yes, please give details

20. Are travel expenses available for volunteers?

Yes

No

21. Is childcare/are childcare costs available for volunteers?

Yes

No

If yes, please give details on how and when expenses are paid e.g. we pay public transport rates and reimburse volunteers every week. Also include mileage rates if applicable. (max 35 words)

22. Are you happy for this opportunity to be displayed on our advertising materials? Yes No

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Name:
Position in Organisation:
Signature:
Date:

Thank you for completing the form. Please keep a copy for your own records. The information you have provided will be used for the purpose of volunteer recruitment (via our promotional materials) and management and to produce statistical reports.

Please return to the appropriate office:

Cookstown Volunteer Centre

2b Coagh Crescent

Cookstown

BT80 8NH

Tel: 028 86761122

Email: joanne@midulstervolunteercentre.org

Magherafelt Volunteer Centre

20 Queen Street

Magherafelt

BT45 6AB

Tel: 028 7930 1862

Email: barbara@midulstervolunteercentre.org

Web: www.midulstervolunteercentre.org