

Volunteer Registration Form

Title (Mr/Miss/Mrs/Ms):	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Forename:	Surname:	
Address:		
	Postcode:	
Home(☎):	Mobile(☎):	
Email(✉):		
Date of Birth:		

Are you 14-24 years old? Would you like to sign up to become a Millennium Volunteer?

MV's get rewarded for 50,100 and 200 hrs of volunteering by the Department of Education. Interested?
(For further information call the office or visit our website)

Yes No

Are you new to volunteering?

Yes No

Would you be interested in one off volunteer opportunities?

Yes No

Do you consider yourself to have a disability/health issues that might affect your volunteering?

Yes No

If yes, please give details including any support you feel you might need from us?

How did you hear about the Volunteer Centre?

Why do you wish to volunteer?

When are you available? School Holidays In term time Both

How many hours might you be able to give _____ per week/fortnightly/monthly?

Please continue overleaf →

What would you like to give your time to?

Please put **1** against your preferred, and then tick any others that are of interest to you

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	

What skills or experience would you like to share? Tick all that apply

Administration	Graphic Design	
Arts & Crafts	Keep Fit/Sports	
Bookkeeping	Languages (please specify)	
Caring	Management	
Catering	Marketing	
Childcare	Mountain Rescue	
Committee Work	Music	
Computing	Outdoor Activities	
Counselling	Retail/Shop	
DIY	Signing	
Drama	Teaching	
Driving	Website Design	
First Aid	Other (please state)	
Fundraising		
Gardening		

I confirm the information provided is, to the best of my knowledge, correct.

Signed: _____ Date: _____

Data Protection: Mid Ulster Volunteer Centre will/may hold any information you provide. We never sell volunteers details to other organisations. However, we would like to retain your details so that we can inform you about events and services offered by ourselves. This may be by post, telephone or email. If you prefer not to receive these communications please tick the box

Thank you for completing this form. Please return to your local Volunteer Centre