

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 16-24 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: Cookstown and Magherafelt 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