

**For Office Use Only**

Ref. No.



## Volunteer Registration Form

Title (Mr/Miss/Mrs/Ms):	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Forename:	Surname:	
Address:		
	Postcode:	
Home(☎):	Mobile(☎):	
Work(☎):	Email(✉):	
May we phone you? Yes <input type="checkbox"/> No <input type="checkbox"/>	D.O.B.	

**Are you new to volunteering?** Yes  No

**Would you be interested in one off volunteer opportunities?** Yes  No

**Which one of the following would you most hope to achieve by volunteering?**  
(Please tick a maximum of 3)

Meet new people	Increase my confidence	
Use my spare time well	I see a need and want to improve things	
Help me learn new skills	Improve my health	
Help me into paid work/education	Other	

**How did you hear about the Volunteer Centre?**

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

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

**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**

Advice Work	Homeless/Housing	
Animals	Human/Civil Rights/Justice	
Anti Poverty Work	Intergenerational Issues	
Arts (music/drama/crafts)	Learning Disabilities	
Brain Injury	Men's Groups	
Carers	Mental Health	
Children	Museums/Galleries/Heritage	
Community Work	Offenders/Ex-Offenders	
Counselling/Listening	Overseas Aid/Developing World	
Crime/Safety	Physical Disability	
Disaster/Emergencies	Political/Social Awareness	
Drugs/Alcohol issues	Refugees/Asylum Seekers	
Education/Literacy	Religion/Faith	
Elderly	Sensory Impairment	
Environment	Sport/Outdoor Activities	
Ethnic Minorities	Tackling Unemployment	
Families	Women's Groups	
Gender/Sexuality	Young People	
Health/Hospitals/Hospices		

**What would you like to do? Please put 1 against your preferred, and then tick any others that are of interest to you.**

Administration/Office Work	Fundraising	
Advice/Information Giving	Home-based Volunteering	
Advocacy/Human Rights	Journalism	
Animals	Justice/Legal assistance	
Arts (Music/Drama/Crafts)	Languages/Translating	
Befriending/Mentoring	Library/Information Management	
Campaign/Lobbying	Management/Business Skills	
Care/Support Worker	Marketing/PR/Media	
Catering	Online Volunteering	
Charity Shops/Retail	Playschemes/Children's Clubs	
Community/Economic	Practical/DIY	
Committee Work	Research/Policy Work	
Computing	Residential Volunteering	
Conservation/Gardening	Short Term/Seasonal Volunteering	
Counselling	Specialist/Technical	
Development Work	Sports/Outdoor Activities	
Disaster/Emergency Relief	Tutoring/Supporting Learners	
Driving/Escorting	Volunteering for under 16s	
Equal Opportunities/Race Relations	Volunteering Overseas	
Finance/Accountancy	Youth Work	

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

Yes

No

If you wish, please give details \_\_\_\_\_

\_\_\_\_\_

Is there any kind of support you feel you might need from us? Please describe.

\_\_\_\_\_

\_\_\_\_\_

**When are you likely to be available?**

<b>Day of Week</b>	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
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"/>

**Are you available; During school holidays?**  **In term time**  **Both**

How often e.g. weekly fortnightly etc? \_\_\_\_\_

How many hours might you be able to give e.g. per week or fortnight? \_\_\_\_\_

## **ADDITIONAL INFORMATION**

### **Emergency Contacts**

Name:	Name:
Address:	Address:
Telephone No:	Telephone No:
Relationship: i.e. spouse, parent, etc.	Relationship: i.e. spouse, parent, etc.

## Referees

Please provide the name and addresses of 2 referees

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone No:	Telephone No:
Relationship: i.e. friend, employer, etc.	Relationship: i.e. friend, employer, etc.

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

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**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 or selected third parties. This may be by post, telephone or email. If you prefer not to receive these communications please tick the box

*Thank you for completing the form.*

**Thank you for completing this form**

**Please return to:**

### **Cookstown & Magherafelt Volunteer Centre**

55 Rainey Street

Magherafelt

BT45 5AF

Tel: 028 7930 1862

Email: [info@cookstownmagherafeltvc.org](mailto:info@cookstownmagherafeltvc.org)

Web: [www.cookstownmagherafeltvc.org](http://www.cookstownmagherafeltvc.org)

