

## 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

**How did you hear about the Volunteer Centre and why do you want to volunteer?**

**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	
Committee Work	Music	
Computing	Outdoor Activities	
Counselling	Retail/Shop	
DIY	Signing	
Drama	Teaching	
Driving	Website Design	
First Aid	Other (please state)	
Fundraising		
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**

Administration/Office Work	Human/Civil Rights/Justice	
Advice/Information	Journalism	
Animals	Languages/Translating	
Anti Poverty Work	Learning Disabilities	
Arts (Music/Drama/Crafts)	Library/Information Management	
Befriending	Management/Business Skills	
Brain Injury	Marketing/PR/Media	
Campaign/Lobbying	Men's Groups	
Care/Support	Mental Health	
Catering	Mentoring	
Children	Museums/Galleries/Heritage	
Committee/Trustee Member	Older people	
Community Development	Online Volunteering	
Computing	Overseas Volunteering	
Conservation/Gardening	Prisoners/Offenders/Ex-Offenders	
Counselling/Listening	Race/Ethnicity/Refugees	
Crime/Safety	Religion/Faith	
Disability, Physical	Research/Policy Work	
Disaster/Emergencies	Residential Volunteering	
DIY/Practical	Sensory Impairment	
Driving/Escorting	Shops/Retail	
Drugs/Alcohol issues	Sport/Outdoor Activities	
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	
Homeless/Housing		

**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?**

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"/>

**Are you available; School holidays**  **In term time**  **Both**

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

**Referees** - Please provide the name and addresses of 2 referees

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

## ADDITIONAL INFORMATION

### Emergency Contacts

Name:	Name:
Telephone No:	Telephone No:

*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 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)



## Equal Opportunities Monitoring Form

Cookstown and Magherafelt Volunteer Centre is committed to equality of opportunity for anyone wishing to volunteer, irrespective of gender, marital status, age, ethnicity, religion or disability. The information given on this form will be valuable to Cookstown and Magherafelt Volunteer Centre in ensuring that volunteering is encouraged in all sections of the population. The information will be kept confidential and not disclosed to any third party other than a completely anonymous statistical form.

### Perceived Religious Affiliation

Member Protestant Community	Member of Neither Protestant or Catholic Community	
Member Catholic Community	I do not wish to give this information	

### Which of the following best describes your ethnic group?

White-Great Britain & Ireland	Asian-Other	
Irish Traveller	Asian-Indian	
White-Other	Black African	
Mixed-Background	Black Other	
Asian-Bangladeshi	Black Caribbean	
Asian-Pakistani	Other	
Asian-Chinese		

### Which one of the following best describes your situation?

Paid employment full-time	Further Education/Training	
Incapacity benefit/DLA	Unwaged	
Retired/Early retired	Carer	
Paid employment part-time	Asylum seeker	
Self-employed	On a working holiday	
Income Support	Full time parent	
Job Seekers Allowance	School	
Other		

Date of Birth: \_\_\_\_\_

**Thank you for your co-operation**  
Please put this form in the separate envelope provided