



VOLUNTEER REGISTRATION FORM

Thank you for deciding to register as a volunteer. So that we can offer you support and advice please take a few minutes to complete this registration document. You can choose not to answer any question. If you are unsure about any part of this document please ask for advice or assistance.

Data Protection:

1. At no time will we provide any of your details to a third party without your permission.
2. You have the right to see any information about you that we hold in a retrieval system such as a computer database or paper index system.
3. You have the right to challenge us about any information relating to you we hold in a retrieval system and have this changed.
4. You have the right for your details to be removed from a retrieval system.
5. We may compile statistical data from time to time but this will never include references to a particular individual.
6. In order to keep you up to date with information and events we may include you in our mailing list or email list.
7. We will never sell or give our mailing lists to a third party.

What will we do with the information you give us?

We will hold your information confidentially. Using the information we will try to match you with volunteering opportunities that appear to suit your preferences and availability. If we find a match we will contact you with the details of the volunteering opportunity; you can then decide if this is something you would like to become involved with as a volunteer or not. If not, we will continue to look for volunteering opportunities that you may be interested in. We will not send your name and contact details to an organisation seeking volunteers unless you have agreed with us that we may do so. We will never send anyone your personal details.

Criminal Record Disclosures

Some opportunities require that a criminal record check be carried on anyone who wishes to volunteer with them. This is often the case if the volunteering involves working with children or vulnerable persons. No criminal record disclosure checks will be made without your consent and only if you have been accepted as a volunteer for an organisation requiring such a check to be made.

YOUR DETAILS

Date **Vol Enq No** (office use only)

Mr Mrs Miss Ms (tick one)

First Name.....

Surname.....

Salutation (*How do you like to be known? eg Vicky, Mrs Smith*).....

Address.....

.....

(Town).....

(County)..... **Postcode**.....

Daytime telephone.....

Evening telephone.....

Mobile

Email address.....

Date of Birth

How did you hear about this Volunteer Development Agency?

.....

Office Use Only: Suggested Organisations/Opportunities:

Organisation	Phone	Contact Person

Date email sent		Details on vbase	
Org Volunteer Placed with:			Date:
Comments			

Please take a few minutes to look through the following lists. The Areas of Interest and the Activities that you choose help us to match you with a volunteering opportunity

Areas of Interest		Type of Activity	
<i>Please tick any of the following that interest you</i>		<i>Please tick any of the following that interest you</i>	
Animals		Administration	
Children & childcare		Advice Work	
Disability (learning)		Advocacy and Information	
Disability (physical)		Art	
Disability (Sensory Loss)		Befriending and Buddying	
Domestic Violence		Caring	
Drugs and Addictions		Community Work	
Education and Literacy		Computers, Technology and Website Design	
Elderly		Counselling	
Environment/conservation		Driving	
Families		First Aid	
Health, Hospital and Hospices		Gardening	
Heritage		General and Helping	
Homeless and Housing		Local Events	
Human and Civil Rights		Music	
Justice and Support		National and International Events	
Mental Health		Practical Work and DIY	
Mentoring		Retail and Charity Shops	
National Citizen Service		Special Needs	
Museums		Sports Development	
Prisoners and Ex-Offenders		Teaching, Training and Coaching	
Race and Ethnicity and Refugees		Trusteeship and Committee Work	
Sport and Outdoor Activities		<i>Please indicate your preferred 1st/2nd choices:</i>	
Women's Groups			
Youth Work			

Please tick each box when you could be available as a volunteer

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							
EVE							

Please use this space to give some brief details about yourself eg Further Education/ Qualifications/ Training/previous voluntary work:

.....

.....

.....

.....

.....

Do you consider yourself to have a disability and, if so, are there any additional resources you will need? (adaptations/aids etc)

.....

What do you wish to gain from your volunteering experience?

.....

**Is there any more information you would like to add to your application?
Any questions you would like to ask?**

.....

.....

Which ethnic group do you feel you belong in? (tick one)

White British	<input type="checkbox"/>
White British (English)	<input type="checkbox"/>
White British (Scottish)	<input type="checkbox"/>
White British (Welsh)	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
Other White background	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Other Mixed background	<input type="checkbox"/>

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other background	<input type="checkbox"/>

**Which age group are you in?
(tick one)**

**What is your current employment status?
(tick one)**

Under 15	<input type="checkbox"/>
15-18	<input type="checkbox"/>
19-25	<input type="checkbox"/>
26-29	<input type="checkbox"/>
30-34	<input type="checkbox"/>
35-39	<input type="checkbox"/>
40-44	<input type="checkbox"/>
45-49	<input type="checkbox"/>
50-54	<input type="checkbox"/>
55-59	<input type="checkbox"/>
60-64	<input type="checkbox"/>
Over 65	<input type="checkbox"/>

Employed F/T PT/T	<input type="checkbox"/>
Houseperson	<input type="checkbox"/>
Unemployed - IS or JSA	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Student	<input type="checkbox"/>
Unable to Work - ESA	<input type="checkbox"/>

Driving

Only complete these questions if you drive

Insured for voluntary driving	<input type="checkbox"/>
Own transport available	<input type="checkbox"/>

If you can drive what license type do you hold?

Car Automatic	<input type="checkbox"/>
Car Full	<input type="checkbox"/>
Car Provisional	<input type="checkbox"/>
HGV - Class 1	<input type="checkbox"/>
HGV - Class 2	<input type="checkbox"/>
HGV - Class 3	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>
PSV/Coach	<input type="checkbox"/>

Thank you for taking the time to complete this registration form.
Please return this form to:

Trish Waters
Volunteer Support Officer
RCVDA
Westfield Farm
The Green
Dormanstown
TS10 5NA

Tel: 01642 440571
Email: trish@rcvda.org.uk
Website: www.rcvda.org.uk

I will contact you as soon as possible by phone/email to arrange a meeting to discuss volunteering opportunities which will match your interests and availability.