

Section 4 Sample Volunteer Registration Form



HAVERING VOLUNTEER CENTRE REGISTRATION FORM

Please type or print your details:

Your Contact Details

Title:	Please circle or tick: Mr Mrs Miss Ms Dr Other (please specify)
First Name:	
Last Name:	
Address line 1:	
Address Line 2:	
City/Town:	
Postcode:	
Telephone Number:	
Email:	

Transport/driving information

Transport:	
Driving License Type:	
Insured for voluntary driving:	<input type="checkbox"/>

How did you hear about Havering Volunteer Centre?	
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Type of Voluntary Work

Please indicate which area of interest and type of voluntary activity best fits the voluntary opportunity you are interested in:

Who would you consider volunteering with and for? *(Type of Interest)* Please tick up to 5 relevant boxes.

- | | | |
|--|--|---|
| <input type="checkbox"/> Animals
<input type="checkbox"/> Art and Culture
<input type="checkbox"/> Children
<input type="checkbox"/> Disability
<input type="checkbox"/> Disaster Relief
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Drugs and Addiction
<input type="checkbox"/> Education and Literacy
<input type="checkbox"/> Emergency Services & Safety
<input type="checkbox"/> Environment & Conservation | <input type="checkbox"/> Faith Based
<input type="checkbox"/> Families
<input type="checkbox"/> Gay, lesbian, bi and transgender
<input type="checkbox"/> Health and Social Care
<input type="checkbox"/> Heritage
<input type="checkbox"/> Homeless and Housing
<input type="checkbox"/> Human and Civil Rights
<input type="checkbox"/> International Aid
<input type="checkbox"/> Law and Legal Support
<input type="checkbox"/> Mental Health | <input type="checkbox"/> Museums & Libraries
<input type="checkbox"/> Music
<input type="checkbox"/> Offenders and Ex-offenders
<input type="checkbox"/> Older People
<input type="checkbox"/> Politics
<input type="checkbox"/> Race, Ethnicity and Refugees
<input type="checkbox"/> Sport and Recreation
<input type="checkbox"/> Women
<input type="checkbox"/> Youth
<input type="checkbox"/> Type of interest:
<div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> |
|--|--|---|

For what type of role would you consider volunteering? (Type of Activity) Please tick up to 5 relevant boxes.

- | | | |
|--|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Driving | <input type="checkbox"/> Legal and the Law |
| <input type="checkbox"/> Advice/Information/Support | <input type="checkbox"/> Events and Stewarding | <input type="checkbox"/> Manual work and DIY |
| <input type="checkbox"/> Architecture, Building & Construction | <input type="checkbox"/> Finance & Accountancy | <input type="checkbox"/> Marketing, Media & Communications |
| <input type="checkbox"/> Art, Entertainment and Music | <input type="checkbox"/> First Aid | <input type="checkbox"/> Retail and Charity Shops |
| <input type="checkbox"/> Befriending, Buddying & Mentoring | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sport & Coaching |
| <input type="checkbox"/> Business, Management and Research | <input type="checkbox"/> Gardening & Conservation | <input type="checkbox"/> Teaching, Training and Leading |
| <input type="checkbox"/> Campaigning and Lobbying | <input type="checkbox"/> General and Helping | <input type="checkbox"/> Technology & the Internet |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Group Volunteering | <input type="checkbox"/> Trusteeship and Committees |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Languages | <input type="checkbox"/> Youth Work |
| <input type="checkbox"/> Type of activity: | | |

Please tell us about any skills, interests and passions you have. Also previous voluntary work you have done.

When are you available to volunteer?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any dates and times you would prefer to avoid.....
 Please indicate any dates and times you would prefer to volunteer.....
 (ie Mondays only or term time only)

Is there anything else you would like to disclose to us? This information is kept confidential.

PLEASE READ THIS CAREFULLY

I give Havering Volunteer Centre my consent to record this information confidentially on a computerised & manual system and to use it to identify suitable volunteering opportunities for me and for Havering Volunteer Centre statistical purposes.

Havering Volunteer Centre will also use these details to provide updates on new volunteering opportunities & other relevant information - if you would prefer not to be on the Volunteer Centre mailing list please tick this box .

Havering Volunteer Centre is not permitted to give my personal details to any external organisation or person without my prior written consent and I am permitted access to this information upon request.

Signature.....
 Date form completed.....