

# **VOLUNTEER OPPORTUNITY FORM**

**GENERAL CONTACT DETAILS** 

Name of Organisation

Information provided will help VAO to recruit suitable volunteers for your opportunity Complete one form per opportunity

rtaine or organical	.011			
Contact Name				
Address				
Phone number				
Email				
Website				
OPPORTUNITY DET	AILS			
Title of opportunity				
Details of opportunit	ty			
(no more than 150 v	vords)			
OPPORTUNITY CONTACT DETAILS (if different from above)				
Name		Position		
Phone number		email		

#### **INVOLVING VOLUNTEERS**

Does your organisation have the following? Please tick appropriate box.

	YES	NO
Equal Opportunities Policy		
Health and Safety Policy		
Volunteer Policy		
Insurance Cover		
Registered with Volunteer Disclosure Service for PVG scheme		
Volunteer Expenses		

#### TRAINING AND SUPPORT

Please give a brief description of induction, training and support offered.

#### **OPPORTUNITY TIMES**

	Morning	Afternoon	evening
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

### SUITABILTY

How many volunteers needed?		
	YES	NO
Saltire Award (age 12-25)		
Additional Support Needs		
Wheelchair Access		
Age restriction		

#### **RESTRICTIONS**

Please give a brief description and reasons why restriction may apply .

## **DESIRABLE SKILLS**

Please give a brief description of desirable skills needed.

Voluntary Action Orkney Membe	rship			
Organisational procedures: cons	titutions, training, funding etc.			
Volunteer Disclosure Service for	PVG scheme			
Saltire Award				
ANY OTHER INFORMATION				
SIGNATURE I confirm that all the information provided is correct and give permission for information to be shared with potential volunteers.				
Name				
Signature				
Position				
Date				

YES

NO

**FURTHER DETAILS** 

Please let us know if you would like further information on the following:

The information given will be held on our database and used in accordance with the Data Protection Act 1998