

# VOLUNTEER REGISTRATION FORM

## CONTACT DETAILS

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
| Email         |  |
| Phone number  |  |
| Date of Birth |  |

## EMERGENCY CONTACT DETAILS

|              |  |              |  |
|--------------|--|--------------|--|
| Name         |  | Name         |  |
| Phone number |  | Phone number |  |
| Relationship |  | Relationship |  |

## AVAILABILITY

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

## SIGNATURE

I confirm that all the information provided is correct and give permission for information to be shared with volunteer placement organisations.

**Signature**

**Date**

## VOLUNTEER EXPERIENCE

Please tell us what you would like to do

Please tell us of any skills and experience, past volunteering experience or hobbies or interests that you have.

What kind of opportunity are you looking for?

long term ☐ short term ☐ one off event ☐

Would you be willing to register with the PVG Scheme (protecting vulnerable groups)?

Yes ☐

No ☐

Please tick the reasons you want to volunteer

|  |  |  |
|--|--|--|
| Meet new people <input type="checkbox"/>       | Help community <input type="checkbox"/>      | Increase Confidence <input type="checkbox"/> |
| Use spare time well <input type="checkbox"/>   | Help into paid work <input type="checkbox"/> | Improve health <input type="checkbox"/>      |
| Help learn new skills <input type="checkbox"/> | Other <input type="checkbox"/>               |  |

## SUPPORT NEEDS

If you require support to enable you to volunteer, please provide details

Is there anything that might restrict what you can volunteer to do?

## ABOUT YOU

|        |     |
|--------|-----|
| GENDER | AGE |
|--------|-----|

Please select from the following

|           |                                |                                |                                |                                |                                |
|-----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| ETHNICITY | White <input type="checkbox"/> | Asian <input type="checkbox"/> | Black <input type="checkbox"/> | Mixed <input type="checkbox"/> | Other <input type="checkbox"/> |
|-----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

|   |   |  |
|---|---|--|
| Full time employment <input type="checkbox"/>       | Receiving benefits <input type="checkbox"/> | School <input type="checkbox"/>        |
| Part time employment <input type="checkbox"/>       | Asylum Seeker <input type="checkbox"/>      | Self Employed <input type="checkbox"/> |
| Further education/training <input type="checkbox"/> | Unemployed <input type="checkbox"/>         | Other <input type="checkbox"/>         |

## How did you hear about Voluntary Action Orkney

|                                  |  |  |                                   |
|----------------------------------|--|--|-----------------------------------|
| Poster <input type="checkbox"/>  | Local newspaper <input type="checkbox"/> | VAO Website <input type="checkbox"/>   | School <input type="checkbox"/>   |
| Leaflet <input type="checkbox"/> | Local radio <input type="checkbox"/>     | Word of mouth <input type="checkbox"/> | Facebook <input type="checkbox"/> |
| Indeed <input type="checkbox"/>  | Drop in <input type="checkbox"/>         | Other <input type="checkbox"/>         |                                   |

The information you have provided will help us to find a volunteering opportunity to suit you and allow us to monitor the quality of our service. Your personal details will not be given to anyone without your express permission unless it is necessary to do so to comply with the law or with police investigations. Information about your postcode, gender, ethnicity, status, age, disability may be disclosed to, for example our funders or in our annual report but will be in statistical form only and not in any way that identifies you. The information will be held on our database and used in accordance with the Data Protection Act 1998