

Volunteer Registration Form

Details of person making referral

Name:

Organisation:

Contact number:

Email:

About you

Title: _____ First Name: _____ Surname: _____

Address: _____

Town: _____ Post Code: _____

Phone No: _____ Mobile Phone No: _____

E-mail: _____

Date of Birth: _____ Registered Charity No: 707738
Company Limited by Guarantee No: _____

Where did you hear about us?

Availability - When are you available to volunteer? If you tick that you are available to volunteer everyday, this doesn't mean you have to do everyday.

(Please tick appropriate boxes)

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
AM							
PM							
EVE							



Registered Charity No: 707738
Company Limited by Guarantee No:
18432226

Registered Charity No: 1046111
Company Limited by Guarantee
No: 3041905

VOLUNTEERING OPPORTUNITIES

Here is a list of area in which we have volunteering opportunities. Please tick about four areas you are interested in to give an idea of which project would suit you.

Administration		Homeless and Housing	
Advice Work		Human and Civil Rights	
Animals		International Aid	
Art and Culture		Languages	
Befriending		Legal Aid and Justice	
Caring		Lesbian / Gay / Bisexual	
Catering		Marketing, PR and Media	
Children		Mental Health	
Disability		Museums	
Domestic Violence		Music	
Drugs and Addictions		Practical Work and DIY	
Education and Literacy		Prisoners and Ex-offenders	
Elderly		Race, Ethnicity and Refugees	
Environment		Retail and Charity Shops	
Families		Teaching and Training	
Finance Work		Trusteeship / Committee Work	
Fundraising		Sports and Outdoor Activities	
Health / Hospitals / Hospices		Women's Groups	
Heritage		Youth	

How would you prefer to receive your options?

We can offer options to you in one of the following ways. A list of volunteering opportunities selected from our database, which match your interests, availability and other details you provide us with. This will be posted or emailed out to you. Or we can arrange a confidential appointment at the office to discuss your volunteering options. Please select which option you would prefer.

I would prefer a contact list Circle where appropriate Email/Post	
I would prefer to have an appointment	
Whatever you think is best	

EQUAL OPPORTUNITIES

Please tick the appropriate boxes. Once we receive this form back into the MV office this form will be detached from your registration form. Please note the information obtained will only be used for monitoring purposes and completion of the form is optional.

Ethnicity		Gender	
Asian or Asian British		Female	
Indian		Male	
Pakistani		Prefer not to say	
Bangladeshi		Employment, Education, Training Status	
Other Asian Background		Employed	
Black or Black British		Not employed	
Caribbean		In education/ learning	
African		In training	
Other Black Background		Self-employed	
Chinese		Prefer not to say	
Chinese		Age	
Dual Heritage		16-19	
Black Caribbean & White		20-25	
Black African & White		Prefer not to say	
Asian & White		Disability	
Other dual Heritage background		Learning disability	
Roma and Travellers		Learning difficulty	
Roma		Long-term or life-limiting illness	
Irish Traveller		Mental health issues	
White		Multiple disabilities	
White British		Physical disability	
White Irish		Sensory disability	
Other White Background		Not disabled	
Other Ethnic Group		Prefer not to say	
Other		Additional Information	
Prefer not to say		Low income	
Sexual Orientation		Homeless	
Bisexual		At risk of exclusion	
Gay		Offender / Ex-offender	
Straight/heterosexual		In or leaving care	
Lesbian		Refugee or asylum seeker	
Other		Lone parent	
Prefer not to say		Young carer	

Education		Prefer not to say
No qualifications		
NVQ or equivalent		
GCSE		
A Level		
Degree		
Post-graduate		
Other		
Prefer not to say		

**Please return the completed form to:
vInvolved
4th Floor, 151 Dale Street
Liverpool L2 2AH**

**Tel - 0151 2373975
Fax - 0151 2373976**

Email - info@vliverpool.org.uk