

Registration Form

Name of Organisation _____

Name of Department (if applicable) _____

Address _____

Town _____

Postcode _____

Telephone _____

Fax _____

E-mail _____

Web-site _____

Main Contact Person _____

Position _____

E-mail _____

Tel _____

Mobile _____

Other Contacts (if appropriate) _____

Name _____

Position _____

E-mail _____

Telephone _____

Please describe the aims of your organisation.

What type of organisation are you? Please tick only one.

- local voluntary/community group with volunteers only local voluntary/community group with paid staff and volunteers
- local authority/part of the local authority NHS/part of the NHS
- national voluntary organisation/part of national voluntary organisation

Other (please describe) _____

Which of the following best describes your organisations' main work?

Please tick as many as appropriate.

- | | | |
|---|--|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Human/Civil rights/Justice | <input type="checkbox"/> Anti poverty work |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Arts (music/drama/crafts) | <input type="checkbox"/> Mens' Groups |
| <input type="checkbox"/> Carers | <input type="checkbox"/> Mental health | <input type="checkbox"/> Children |
| <input type="checkbox"/> Museums/Galleries/Heritage | <input type="checkbox"/> Crime/Safety | <input type="checkbox"/> Offenders/Ex-offenders |
| <input type="checkbox"/> Disaster/Emergencies | <input type="checkbox"/> Overseas aid/Developing world | <input type="checkbox"/> Drugs/Alcohol issues |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Refugees/Asylum seekers |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Religion/Faith | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Sensory impairment | <input type="checkbox"/> Ethnic minorities | <input type="checkbox"/> Sport/Outdoor activities |
| <input type="checkbox"/> Families | <input type="checkbox"/> Tackling Unemployment | <input type="checkbox"/> Gender/Sexuality |
| <input type="checkbox"/> Womens' Groups | <input type="checkbox"/> Health/Hospitals/Hospices | <input type="checkbox"/> Young people |
| <input type="checkbox"/> Homeless/Housing | | |

Who funds your organisation? Please tick as many as appropriate.

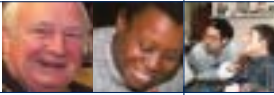
- | | | |
|---|--|---|
| <input type="checkbox"/> Business Sector | <input type="checkbox"/> Earned Income | <input type="checkbox"/> European Money |
| <input type="checkbox"/> Health (Boards/Trusts etc) | <input type="checkbox"/> Central Government – Scottish Executive | <input type="checkbox"/> Charitable Trusts |
| <input type="checkbox"/> Central Government – Westminster | <input type="checkbox"/> Local Authority | <input type="checkbox"/> Communities Scotland |
| <input type="checkbox"/> Local Enterprise Company | <input type="checkbox"/> Lottery Boards (Community Fund etc) | <input type="checkbox"/> Donations |
| <input type="checkbox"/> Other | | |

What is your organisation's average yearly income? Select one.

- up to £5,000 £25,001- £100,000
- £5,001 to £25,000 £100,001 and over

Which geographical area does your organisation cover? _____





VOLUNTEER CENTRE ANGUS

Please describe why your organisation involves volunteers in its work?

eg because of the values of your organisation, because it believes involving volunteers connects it to the community it serves etc

Please describe any other methods your organisation uses to recruit volunteers?

eg advertising, talks, promotional events.

Does your organisation have volunteers covered under the following:-

	Yes	No	No but would like further details
Equal Opportunities Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Procedure for Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the Volunteer Centre?

Does your organisation insure its volunteers?

Tick if yes

The Volunteer Centre is developing a website which will contain details of volunteer opportunities. Does your organisation want to be able to update its volunteer opportunities on-line, and add new ones?

(if you tick the box, we'll get in touch with further details)

Does your organisation have volunteering publicity materials?

Are they available in Braille/Audio?

Does your organisation want to receive our newsletter?

Does your organisation want to be added to our mailing list?

Is your organisation a member of the Volunteer Centre?

If no to the above, do you want further details?

If your organisation has any sub-offices and/or branches please give address and contact details:

Thank you for completing this form

The information will be entered on to our database and used to help us find volunteers for your organisation and to monitor/improve the quality of our service. It will be used in accordance with the principles of the Data Protection Act 1998.

Please take a copy of this form for your records. Please enclose, if available, a copy of your organisation's:-

- Equal Opportunities Policy
- Health and Safety Policy
- Volunteer Policy
- Grievance Procedure for Volunteers.

If you don't have these, please contact us.

I have read the information above and I confirm the details given are correct.

I am authorised to sign this on behalf of my organisation.

Name (please print)

Position in Organisation:

Signature:

Date:

