



Volunteer Details

Name _____

Address _____

Town _____ Postcode _____

Work Tel _____ Home Tel _____

Fax _____ Mobile _____

E-mail _____ May we phone you? _____

The following information about you will help us to try and find you a volunteer opportunity best suited to your interests, time available etc. It will also help us to monitor our service and to improve the quality of our service. Your personal details will not be given to anyone else unless it is necessary for us to do so in order 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, but only in the form of statistics and not in any way that identifies you. The information will be entered onto our database and it will be used in accordance with the principles of the Data Protection Act 1998. If you do not wish to answer a question simply leave it blank.

About you.

Date of Birth: ____/____/____ Male Female

Which one of the following best describes you? Please tick.

- | | | | | | |
|---------------------------|--------------------------|----------------------------|--------------------------|---------------------------|--------------------------|
| Paid employment full-time | <input type="checkbox"/> | Further Education/Training | <input type="checkbox"/> | Paid employment part-time | <input type="checkbox"/> |
| Unwaged | <input type="checkbox"/> | Incapacity benefit/DLA | <input type="checkbox"/> | Carer | <input type="checkbox"/> |
| Retired/Early retired | <input type="checkbox"/> | Asylum seeker | <input type="checkbox"/> | Self-employed | <input type="checkbox"/> |
| On a working holiday | <input type="checkbox"/> | Income Support | <input type="checkbox"/> | Househusband/Wife | <input type="checkbox"/> |
| Job Seekers Allowance | <input type="checkbox"/> | School | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Ethnic Group:

- | | | | | | | | |
|-------------|--------------------------|-------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Black Other | <input type="checkbox"/> | White | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | | | |

If you are unwaged how long have you been so? _____

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are you new to volunteering? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Would you be interested in one off volunteer opportunities? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you want to receive newsletters from us? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you want to receive e-mails from us? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Emergency Contacts

Name: _____ Tel No: _____

Name: _____ Tel No: _____

How did you hear of the Volunteer Centre?

Which one of the following would you most hope to achieve by volunteering? Please tick.

- | | | |
|--|---|---|
| <input type="checkbox"/> Meet new people | <input type="checkbox"/> Increase my confidence | <input type="checkbox"/> Use my spare time well |
| <input type="checkbox"/> I see a need and want to improve things | <input type="checkbox"/> Help me learn new skills | <input type="checkbox"/> Part of my beliefs, values |
| <input type="checkbox"/> Help me into paid work/education | <input type="checkbox"/> Other | |

Who or what do you want to volunteer with?

Please put 1 against your favourite, then simply tick any others that interest you.

- | | | | |
|---------------------------------------|---|--|--|
| <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"/> Mens' Groups | <input type="checkbox"/> Arts (music/drama/crafts) | <input type="checkbox"/> Physical disability | <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"/> Carers | <input type="checkbox"/> Disaster/Emergencies | <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Overseas aid/Developing world |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Drugs/Alcohol issues | <input type="checkbox"/> Refugees/Asylum seekers | <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"/> Young people | <input type="checkbox"/> Health/Hospitals/Hospices | <input type="checkbox"/> Homeless/Housing | |





VOLUNTEER CENTRE ANGUS

Is there anything you enjoy doing that you might like to use? Please tick.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Keep Fit/Sports |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Languages | <input type="checkbox"/> Caring | <input type="checkbox"/> Management |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Marketing | <input type="checkbox"/> Childcare | <input type="checkbox"/> Music |
| <input type="checkbox"/> Mountain Rescue/Survival | <input type="checkbox"/> Committee Work | <input type="checkbox"/> Computing | <input type="checkbox"/> Outdoor Activities |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Retail/Shop | <input type="checkbox"/> DIY | <input type="checkbox"/> Signing |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Sports Coach | <input type="checkbox"/> Driving | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Website Design | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Other please describe | | | |

What would you like to do? Please put 1 against your favourite, then tick your next favourite etc.

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration/Office work | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Advice/Information giving |
| <input type="checkbox"/> Homebased Volunteering | <input type="checkbox"/> Advocacy/Human Rights | <input type="checkbox"/> Justice/Legal assistance |
| <input type="checkbox"/> Arts (Music/drama/crafts) | <input type="checkbox"/> Languages/Translating | <input type="checkbox"/> Befriending/Mentoring |
| <input type="checkbox"/> Library/Information Management | <input type="checkbox"/> Campaign/Lobbying | <input type="checkbox"/> Management/Business Skills |
| <input type="checkbox"/> Care/Support worker | <input type="checkbox"/> Marketing/PR/Media | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Online volunteering | <input type="checkbox"/> Charity Shops/Retail/Community/Economic | |
| <input type="checkbox"/> Practical/DIY | <input type="checkbox"/> Playschemes/Childrens Clubs | <input type="checkbox"/> Youth work |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Research/Policy work | <input type="checkbox"/> Computing |
| <input type="checkbox"/> Residential Volunteering | <input type="checkbox"/> Conservation/Gardening | <input type="checkbox"/> Short term/Seasonal volunteering |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Specialist/Technical | <input type="checkbox"/> Disaster/Emergency relief |
| <input type="checkbox"/> Sports, outdoor activities | <input type="checkbox"/> Driving/Escorting | <input type="checkbox"/> Tutoring/Supporting Learners |
| <input type="checkbox"/> Equal Opportunities/Race | <input type="checkbox"/> Volunteering for under 16s | <input type="checkbox"/> Finance/Accountancy |
| <input type="checkbox"/> Development Work | | |

Do you consider yourself to have a disability that might effect your volunteering?

- Yes No

If you wish, please give details.

When are you likely to be available?

- | | | | | | | | |
|--|-----------|-----------------------------------|-----------|------------------------------------|-----------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | am pm Eve | <input type="checkbox"/> Tuesday | am pm Eve | <input type="checkbox"/> Wednesday | am pm Eve | <input type="checkbox"/> Thursday | am pm Eve |
| <input type="checkbox"/> Friday | am pm Eve | <input type="checkbox"/> Saturday | am pm Eve | <input type="checkbox"/> Sunday | am pm Eve | | |
| <input type="checkbox"/> Are you available - school holidays | | | | | | | <input type="checkbox"/> Term time |

How many hours might you give per week? _____ How often eg weekly fortnightly etc? _____

Referees

First Referee	Second Referee
_____	_____
Name:	Name:
_____	_____
Position:	Position:
_____	_____
Address:	Address:
_____	_____
Postcode:	Postcode:
_____	_____
Telephone No:	Telephone No:
_____	_____
Relationship ie friend, employee	Relationship ie friend, employee
_____	_____

Thank you for completing the form.

Signed: _____ Dated: _____

