

FOR OFFICE USE ONLY

Entered by:

Date:



ORGANISATION
REGISTRATION FORM

Organisation Name: _____

Address: _____

Postcode: _____

Tel: _____

Fax: _____

Email: _____

Website: _____

Main Contact: *Please state the name of the person who would be your preferred point of contact.*

Name: _____ Position: _____

Address: _____

Tel: _____ Email: _____

Other Contacts: *Please give details of any other appropriate contacts in your organisation.*

1.
Name: _____ Position: _____

Address: _____

Tel: _____ Email: _____

2.
Name: _____ Position: _____

Address: _____

Tel: _____ Email: _____

3.
Name: _____ Position: _____

Address: _____

Tel: _____ Email: _____

Please describe the main aims of your organisation.

What type of organisation are you?

- Local voluntary/community group with volunteers only
- Local voluntary/community group with paid staff and volunteers
- National voluntary organisation/part of national voluntary organisation
- Local authority/part of the local authority
- Local health trust/part of the local health trust
- Other

Which of the following best describes your organisations main work? (Select as many as appropriate.)

- | | |
|--|--|
| <input type="checkbox"/> Advice work | <input type="checkbox"/> Homeless / housing |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Human / civil rights / justice |
| <input type="checkbox"/> Anti poverty work | <input type="checkbox"/> Intergenerational issues |
| <input type="checkbox"/> Arts (music / drama / crafts / photography) | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Brain injury | <input type="checkbox"/> Men's groups |
| <input type="checkbox"/> Carers | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Children | <input type="checkbox"/> Museums / galleries / heritage |
| <input type="checkbox"/> Community work | <input type="checkbox"/> Offenders / ex-offenders |
| <input type="checkbox"/> Counselling / listening | <input type="checkbox"/> Overseas aid / developing world |
| <input type="checkbox"/> Crime / safety | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Disasters / emergencies | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Drug / alcohol issues | <input type="checkbox"/> Refugees / Asylum seekers |
| <input type="checkbox"/> Education / literacy | <input type="checkbox"/> Religion / faith |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Sensory impairment |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Sport / outdoor activities |
| <input type="checkbox"/> Ethnic minorities | <input type="checkbox"/> Tackling unemployment |
| <input type="checkbox"/> Families | <input type="checkbox"/> Women's groups |
| <input type="checkbox"/> Gender / sexuality | <input type="checkbox"/> Young people |
| <input type="checkbox"/> Health / hospitals / hospices | |

Who funds your organisation?

- | | |
|---|--|
| <input type="checkbox"/> Business Sector | <input type="checkbox"/> Earned Income |
| <input type="checkbox"/> NI Government Department | <input type="checkbox"/> Health (Boards / Trusts etc) |
| <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> Local Council |
| <input type="checkbox"/> Community Safety Partnership | <input type="checkbox"/> Local Strategic Partnership Board |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Lottery Boards (Community Fund etc) |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other European Money |

What is your organisation's average yearly income? (Select one only)

- | | |
|--|--|
| <input type="checkbox"/> Up to £1,000 | <input type="checkbox"/> £25,001 to £100,000 |
| <input type="checkbox"/> £1,001 to £25,000 | <input type="checkbox"/> £100,001 and over |

Please describe why your organisation involves volunteers in its work.

Please describe any methods your organisation uses to recruit volunteers, e.g. advertising, talks etc

Are volunteers in your organisation covered by the following?

	Yes	No (but would like more information)
Equal Opportunities Policy	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Policy	<input type="checkbox"/>	<input type="checkbox"/>
Public Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection Policy	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about Loughside Volunteer Centre?

	Yes	No
Is your organisation registered under Data Protection Act?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation have volunteer publicity materials?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation want to be added to our mailing list?	<input type="checkbox"/>	<input type="checkbox"/>

If your organisation has any other offices / branches please give contact details below.

Organisation Name: _____

Address: _____

Postcode: _____

Tel: _____

Fax: _____

Email: _____

Website: _____

Contact Name: _____

Position: _____

Declaration

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

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

Name: _____

Position: _____

Signature: _____

Date: _____

Thank you for completing this form.

Please return it to:

**BALLYMENA & LARNE VOLUNTEER CENTRE
UNITS11 -13
LEDKOM INDUSTRIAL ESTATE
100 BANK ROAD
LARNE
BT40
3AW**