

**FOR OFFICE USE ONLY**

Entered by: .....

Date: .....



**VOLUNTEER OPPORTUNITIES FORM**

**1. Title of Opportunity:** \_\_\_\_\_

**2. Name of Organisation:** \_\_\_\_\_

**3. Contact Name:** \_\_\_\_\_

Position: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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**4. Please give a brief summary of the opportunity.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Please give a fuller description of the opportunity.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Where does the opportunity take place and what are the travel details?**

\_\_\_\_\_  
\_\_\_\_\_

**7. Which one of the following activities best matches the volunteer opportunity?**

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative / Office                     | <input type="checkbox"/> Home-based volunteering          |
| <input type="checkbox"/> Advice / Information giving                 | <input type="checkbox"/> Journalism                       |
| <input type="checkbox"/> Advocacy / Human Rights                     | <input type="checkbox"/> Justice / Legal assistance       |
| <input type="checkbox"/> Animals                                     | <input type="checkbox"/> Languages / Translating          |
| <input type="checkbox"/> Arts (music / drama / crafts / photography) | <input type="checkbox"/> Library / Information Management |
| <input type="checkbox"/> Befriending / Mentoring                     | <input type="checkbox"/> Management / Business skills     |
| <input type="checkbox"/> Campaigning / Lobbying                      | <input type="checkbox"/> Marketing / PR / Media           |
| <input type="checkbox"/> Care / Support Worker                       | <input type="checkbox"/> Online volunteering              |
| <input type="checkbox"/> Catering                                    | <input type="checkbox"/> Playschemes / Children's clubs   |
| <input type="checkbox"/> Charity Shops / Retail                      | <input type="checkbox"/> Practical / DIY                  |
| <input type="checkbox"/> Committee Work                              | <input type="checkbox"/> Research / Policy work           |
| <input type="checkbox"/> Community / Economic Development Work       | <input type="checkbox"/> Residential Volunteering         |
| <input type="checkbox"/> Computing                                   | <input type="checkbox"/> Short term / Seasonal working    |
| <input type="checkbox"/> Conservation / Gardening                    | <input type="checkbox"/> Specialist / Technical working   |
| <input type="checkbox"/> Counselling / Listening                     | <input type="checkbox"/> Sports / outdoor activities      |
| <input type="checkbox"/> Disaster / Emergency Relief                 | <input type="checkbox"/> Tutoring / Supporting Learners   |
| <input type="checkbox"/> Driving / Escorting                         | <input type="checkbox"/> Volunteering for under 16's      |
| <input type="checkbox"/> Equal Opportunities / Race Relations        | <input type="checkbox"/> Volunteering overseas            |
| <input type="checkbox"/> Finance / Accountancy                       | <input type="checkbox"/> Youth work                       |
| <input type="checkbox"/> Fundraising / Flag days                     |   |

**8. Which one of the following subjects / issues best matches the volunteer opportunity?**

- |  |  |
|--|--|
| <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"/> Drugs / 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               |  |

**9. Are there any restrictions on who can be a volunteer?**

- Yes  No

Minimum age: \_\_\_\_\_

Maximum Age: \_\_\_\_\_

Gender Restrictions: \_\_\_\_\_

**10.** Number of volunteers required for this opportunity: \_\_\_\_\_

**11. What skills, attitudes or experience does a person need to carry out this volunteer opportunity?**

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**12. When does the volunteer opportunity start? (dd / mm / yy):** \_\_\_\_\_

**Is there an end date? (dd / mm / yy)** \_\_\_\_\_ **or is it ongoing?**  (tick if YES)

**13. What are the minimum hours per day, week etc that a volunteer would need to do for this opportunity?**

\_\_\_\_\_ Hours per  day  week  fortnight  month  quarter

**14. Is there a minimum commitment expected of the volunteer e.g. 6 weeks, 3 months etc?**

\_\_\_\_\_ (Enter number)  days  weeks  months  years

**15. Please tick when the opportunity happens. Tick as many boxes as appropriate.**

	Morning	Afternoon	Evening / Night	Does the opportunity take place in school holidays?
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the opportunity take place in term-time? <input type="checkbox"/> YES <input type="checkbox"/> NO
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**16. Do you have insurance? If yes, what type(s)?**  Yes  No

- |  |   |
|--|---|
| <input type="checkbox"/> Public Liability    | <input type="checkbox"/> Professional Indemnity |
| <input type="checkbox"/> Employers Liability | <input type="checkbox"/> None                   |
| <input type="checkbox"/> Personal Accident   | <input type="checkbox"/> Other: _____           |

**17. What selection method(s) will be used for the prospective volunteers?**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Application Form     | <input type="checkbox"/> POCVA Check  |
| <input type="checkbox"/> Induction / Training | <input type="checkbox"/> References   |
| <input type="checkbox"/> Informal chat        | <input type="checkbox"/> Trial period |
| <input type="checkbox"/> Interview            | <input type="checkbox"/> Other: _____ |

**18. Training & Support for Volunteers**

**Will the volunteer be offered induction training?**       Yes       No

**Will the volunteer be offered ongoing training?**       Yes       No

**Will the volunteer be offered support?**       Yes       No

**19. Please give a brief description of induction, ongoing training and support for the volunteer.**

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**20. Will the volunteer have a named contact person at your organisation?**       Yes       No

**21. Are childcare / dependent care costs available for volunteers?**       Yes       No

**22. Is there wheelchair access where the opportunity takes place?**       Yes       No

**23. Are there wheelchair accessible toilets where the opportunity takes place?**       Yes       No

**24. Are volunteer expenses available for volunteers?**       Yes       No

**Please give details on how and when volunteer expenses are paid (if answered yes to above).**

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**25. Who funds this volunteer opportunity?**

- |   |  |
|---|--|
| <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                |

# 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  
UNITS 11- 13  
LEDCOM INDUSTRIAL ESTATE  
100 BANK ROAD  
LARNE  
BT40 3AW**