

FOR OFFICE USE ONLY

Entered by:
Date:
Ref: **BLVC / 0 / 09**



VOLUNTEER REGISTRATION FORM

(Mr/Mrs/Miss/Ms) _____

Forename: _____

Surname: _____

Address: _____

Town: _____

Postcode: _____

Tel: _____

D.O.B: _____

Mobile: _____

Email: _____

Are you new to volunteering? Yes No

Would you be interested in one-off opportunities? Yes No

Which of the following would you most hope to achieve by volunteering?

- | | | | |
|---------------------------------|--------------------------|----------------------------|--------------------------|
| Meet new people | <input type="checkbox"/> | Increase confidence | <input type="checkbox"/> |
| Want to improve things | <input type="checkbox"/> | Use my spare time well | <input type="checkbox"/> |
| Learn new skills | <input type="checkbox"/> | Part of my beliefs, values | <input type="checkbox"/> |
| Help into paid work / education | <input type="checkbox"/> | Improve my health | <input type="checkbox"/> |
| Other: _____ | | | |

What would you most like to give your time to?

Please indicate your 3 main preferences in order, e.g. 1 – Animals, 2 – Children, 3 – Families.

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

What would you most like to do?

Please indicate your 3 main preferences in order, e.g. 1 – Catering, 2 – Computing, 3 – Practical/DIY.

<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"/>	Playschemes / Children's clubs
<input type="checkbox"/>	Catering	<input type="checkbox"/>	Practical / DIY
<input type="checkbox"/>	Charity Shops / Retail	<input type="checkbox"/>	Research / Policy work
<input type="checkbox"/>	Committee Work	<input type="checkbox"/>	Residential Volunteering
<input type="checkbox"/>	Community / Economic Development Work	<input type="checkbox"/>	Short term / Seasonal working
<input type="checkbox"/>	Computing	<input type="checkbox"/>	Specialist / Technical working
<input type="checkbox"/>	Conservation / Gardening	<input type="checkbox"/>	Sports / outdoor activities
<input type="checkbox"/>	Counselling / Listening	<input type="checkbox"/>	Tutoring / Supporting Learners
<input type="checkbox"/>	Disaster / Emergency Relief	<input type="checkbox"/>	Volunteering for under 16's
<input type="checkbox"/>	Driving / Escorting	<input type="checkbox"/>	Volunteering overseas
<input type="checkbox"/>	Finance / Accountancy	<input type="checkbox"/>	Youth work
<input type="checkbox"/>	Fundraising / Flag days		

What skills or experience would you like to offer?

- | | |
|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Graphic Designs |
| <input type="checkbox"/> Alternative Healing Therapies | <input type="checkbox"/> Keep Fit / Sports |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Languages |
| <input type="checkbox"/> Beauty Therapy / Hairdressing | <input type="checkbox"/> Management |
| <input type="checkbox"/> Book-keeping | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Mountain Rescue |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Music |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Organisational Skills |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Outdoor Activities |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Computing | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Retail / Shops |
| <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"/> Finance | <input type="checkbox"/> Team Work |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Website Design |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Youth Work |

When are you likely to be available?

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>

Are you available: -

- During school holidays?
- In term time?
- Both?

How often would you like to volunteer?

- Weekly
- Monthly
- Fortnightly
- One off opportunities

How many hours might you be able to give?

- 1 – 2 hours
- Greater than 4
- 3 – 4 hours

Employment Status:

- Carer
- Full Time Parent
- Further Education / Training
- Incapacity Benefit / DLA
- Income Support
- Jobseekers Allowance
- Paid Employment Full Time
- Paid Employment Part Time
- Retired / Early Retired
- School
- Self Employed
- Unwaged

How did you hear about Ballymena & Larne Volunteer Centre? (eg. Poster, leaflet, press article, Internet, talk/presentation, from another organisation, word of mouth or other.)

Declaration

I confirm that the details given are correct.

Name: _____

Signature: _____ Date: _____

Thank you for completing this form.

Please return to:

Ballymena & Larne Volunteer Centre, Units 11-13 Ledcom Industrial Estate, Bank Road, Larne BT40 3AW