

# EVESHAM VOLUNTEER CENTRE

## Registration form for Volunteer Opportunities

Please complete a separate form for each volunteer opportunity

Required fields in green ink

**Organisation's Name:**

**Opportunity Title:**

Please give a short and appealing title for this opportunity

**Address:**

**Town:**

**County:**

**Postcode:**

**Geographical Area:**

The area the opportunity covers

**Contact Name:**

(The person who has responsibility for volunteer recruitment)

**Telephone:**

**Fax:**

**Email:**

**When required**

**Start Date:**

**End Date:**

**Times for the opportunity** (tick each box when volunteers are required or circle **all** if flexible).

ALL	Sat	Sun	Mon	Tue	Wed	Thurs	Fri
AM							
PM							
EVE							

**Description of the Opportunity:** You should make this interesting, appealing and keep it short. This statement is what we will principally use to encourage volunteers to become involved in this opportunity and will appear on Evesham Volunteers and do-it websites and in the Helping Hands Column (We reserve the right to edit).

**Skills and Qualifications Required:** provide us with details of any skills or qualifications that volunteers may need to participate in this opportunity. This information will appear on Evesham Volunteers and do-it website.

Please turn over

**Directions:** Please provide some brief directions i.e. bus route (this will appear on the do-it web site).

**Please tick any of the following that apply to this opportunity**

<b>Areas of Interest</b>	<b>tick</b>
Animals	
Art and Culture	
Children	
Disability	
Disaster Relief	
Domestic Violence	
Drugs and Addictions	
Education and Literacy	
Elderly	
Environment	
Families	
Gay, Lesbian, Bi and Transsexual	
Health and Hospital and Hospices	
Heritage	
Homelessness and Housing	
Human and Civil Rights	
International Aid and Disaster Relief	
Legal Aid and Justice	
Mental Health	
Mentoring	
Music	
Museums	
Prisoners and Ex-Offenders	
Politics	
Race and Ethnicity and Refugees	
Religion	
Sport and Outdoor Activities	
Women's Groups	
Youth	

<b>Type of Activity</b>	<b>tick</b>
Administration	
Advice Work	
Architecture & Building Work	
Art	
Befriending/Buddying	
Business, Management & Research	
Campaigning and Lobbying	
Caring	
Catering	
Coaching, Teaching & Training	
Community Work	
Counselling	
Driving	
Employee/Group Volunteering	
Entertainment	
Finance Work	
Fundraising	
Gardening	
Hostel Work	
Languages	
Legal Work	
Marketing, PR and Media	
Music	
National/ International Events	
Practical Work and DIY	
Retail and Charity Shops	
Trusteeship/Committee work	
Under 16 volunteering	
Website Design, Computer & Technology	
Youth Work	

*Please turn over*

**Arrangements:** Please provide details under each heading below

	Tick		Tick
Application Form	<input type="checkbox"/>	Criminal Record Check	<input type="checkbox"/>
Informal Interview	<input type="checkbox"/>	References	<input type="checkbox"/>
Interview	<input type="checkbox"/>	Trial Period	<input type="checkbox"/>

Age Restrictions	Minimum	Maximum
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Gender Restrictions	Female <input type="checkbox"/>	Male <input type="checkbox"/>
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### About your organisation

Please circle as appropriate and provide extra information if necessary

Do your premises have toilet facilities for wheelchair users?	Yes/No
Do you have an Equal Opportunities Policy?	Yes/No
Do you have Insurance cover for volunteers?	Yes/No
Could this opportunity be done from home?	Yes/No
Do you pay volunteers expenses? <b>Organisations that do not cover out of pocket expenses will not be referred volunteers who are unable to cover their own costs.</b>	Yes/No
Do you give Induction Training?	Yes/No
Do you provide other training? (please specify)	Yes/No

<b>Any other arrangements:</b> (please give details)
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We post all opportunities in our 'Helping Hands' column (at the discretion of the Evesham Journal) and to [www.do-it.org.uk](http://www.do-it.org.uk) and [www.eveshamvolunteers.org.uk](http://www.eveshamvolunteers.org.uk)

**This opportunity will be included unless you state otherwise.**

**I Do Not** want this opportunity entered on to the following (please tick).

Do-It website  Evesham Volunteers site  Helping Hands Column

Signature:	Date:
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**Return this form to:** Evesham Volunteer Centre, Oat Street, Evesham, Worcs. WR11 4PJ

