

For office use only  
SQN :



vinvolved Volunteer Registration Form



The information you supply below will help us to find you a volunteering opportunity. Please write clearly and in black ink. Please use continuation sheets if necessary.

**1. Contact Information**

Title & First Name \_\_\_\_\_  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_  
County \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Mobile Phone \_\_\_\_\_

**2. Emergency Contact Information**

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**3. How did you hear about vinvolved? (Select one only)**

TV/Radio	<input type="checkbox"/>	Church	<input type="checkbox"/>
vinvolved staff	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	Another Organisation	<input type="checkbox"/>
University	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>
Leaflet / Poster	<input type="checkbox"/>	Other	<input type="checkbox"/>
School / College	<input type="checkbox"/>		



### Volunteering Interests

The *Areas of Interest* and the *Types of Activities* that you choose help us to match you with volunteering opportunities.

#### 4. Areas of Interest (Select all that apply)

- Animals
- Art & Culture
- Children
- Disability
- Disaster Relief
- Domestic Violence
- Drugs & Addictions
- Education & Literacy
- Elderly
- Emergency Services
- Employment
- Environment
- Families
- Gay, Lesbian, Bi & Transsexual
- Health, Hospital & Hospices
- Heritage
- Homeless & Housing
- Human & Civil Rights
- International Aid
- Legal Aid & Justice
- Mental Health
- Mentoring
- Museums
- Music
- Politics
- Prisoners & Ex-Offenders
- Race, Ethnicity & Refugees
- Religion
- Sport & Outdoor Activities
- Women's Groups
- Youth

#### 5. Type of Activity (Select all that apply)

- Administration
- Advice, Information & Support
- Architecture & Building Work
- Art
- Befriending & Buddying
- Business, Management & Research
- Campaigning & Lobbying
- Caring
- Catering
- Community Work
- Computers, Tech. & Web Design
- Counselling
- Driving
- Employee & Group Volunteering
- Entertainment
- Finance Work
- First Aid
- Fundraising
- Gardening
- General & Helping
- Hostel Work
- Languages
- Legal Work
- Local Events
- Marketing, PR & Media
- Mentoring
- Music
- National & International Events
- Officials
- Practical Work & DIY
- Retail & Charity Shops
- Sports Development
- Teaching, Training & Coaching
- Trusteeship & Committee Work
- Under 16 Volunteering
- Youth Work

**6. Voluntary or Past Work** (Please enter any relevant experience)

**7. When are you free to volunteer?** (Select all that apply)

	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Date of Birth**

**9. Gender**

Male / Female

**10. Which of the following forms of volunteering are you interested in?** (Select all that apply)

Short-term / One-off Projects	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
Full-time	<input type="checkbox"/>	International	<input type="checkbox"/>

**11. Have you been a volunteer in the last 12 months?**

Yes / No

**12. Geographical Area – Where would you like to volunteer?** (Select all that apply)

Solihull	<input type="checkbox"/>	North Warwickshire	<input type="checkbox"/>	Nuneaton & Bedworth	<input type="checkbox"/>
Rugby	<input type="checkbox"/>	Warwick & Leamington District	<input type="checkbox"/>	Stratford District	<input type="checkbox"/>
All Warwickshire	<input type="checkbox"/>				

**13. Preferred Method of Future Contact** (Select one only)

Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>
Post	<input type="checkbox"/>	Text	<input type="checkbox"/>

Thank you for taking the time to complete this registration form.

By signing below you give us permission to:

- store your information on our **vin**olved database
- keep you up to date about volunteering opportunities in your area
- contact you from time to time to support you in your volunteering placement

Signature

Date

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## Equal Opportunities

involved aims to include young people from across the community. The following information is required to help us ensure that we are delivering the project in line with our Equal Opportunities policy.

### 14. Ethnicity (Select one only)

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background

#### Black or Black British

- Caribbean
- African
- Other Black background

#### Chinese

- Chinese

#### Other ethnic group

- Other

#### Dual Heritage

- Black Caribbean & White
- Black African & White
- Asian & White

#### Roma and Travellers

- Roma
- Irish Traveller
- Other Traveller

#### White

- White British
- White Irish
- Other White background
- Prefer not to say

### 15. Disability (Select all that apply)

- Learning difficulty
- Learning disability
- Long term or life-limiting illness
- Mental health issues
- Multiple disabilities
- Physical disability
- Sensory disability
- Prefer not to say

### 16. Education (Select highest level)

- No Qualifications
- Below Level 2 (< 5 GCSE grades A-C incl. Maths & English)
- Above level 2
- NVQ or equivalent
- A-Level
- Degree
- Post-graduate
- Other
- Prefer not to say

### 17. Employment, Education, Training Status (Select one only)

- Employed
- In education/learning
- Self-employed
- Prefer not to say
- Not in employment, education or training
- In training
- Other

**18. NOT APPLICABLE**

  
  

**19. Additional Information** (Select all that apply)

- |                      |                          |                       |                          |
|----------------------|--------------------------|-----------------------|--------------------------|
| Low income           | <input type="checkbox"/> | Refugee/Asylum Seeker | <input type="checkbox"/> |
| Homeless             | <input type="checkbox"/> | Lone parent           | <input type="checkbox"/> |
| At risk of exclusion | <input type="checkbox"/> | Young carer           | <input type="checkbox"/> |
| Offender/Ex-offender | <input type="checkbox"/> | Young Parent          | <input type="checkbox"/> |
| In or leaving care   | <input type="checkbox"/> | Prefer not to say     | <input type="checkbox"/> |