



Volunteer Registration Form

Thank you for deciding to register as a volunteer. So that we can offer you support and advice please take a few minutes to complete this registration form. You can choose not to answer any question. If you are unsure about any part of this form please ask for advice or assistance.

Personal Details

Mr Mrs Miss Ms

First names.....

Surname.....

Address.....

.....

Postcode

Tel. No incl code (Day)

Tel. No incl code (Eve).....

Fax.....

Email.....

How did you hear about this Volunteer Centre?

Another Volunteer

Post Office

Friend

School

Internet

Telephone Directory

Job Centre

Voluntary Organisation

Library

Passing by

Media

Vacancy Notice Board

Word of Mouth

PERSONAL PREFERENCES

If you can identify specific vacancies in the Voluntary Opportunities List that interest you, please indicate their reference numbers.

Please take a few minutes to look through the following lists. The Areas of Interest and the Activities that you choose could also help us to match you with volunteering opportunities.

Areas of Interest

Please tick any of the following that interest you:

Type of Activity

Please tick any of the following that you would like to do:

Animals		Administration	
Art and Culture		Advice, Information and Support	
Children		Architecture and Building Work	
Disability		Art	
Disaster Relief		Befriending and Buddying	
Domestic Violence		Business and Management	
Drugs and Addictions		Campaigning and Lobbying	
Education and Literacy		Caring	
Elderly		Catering	
Emergency Services		Community Work	
Employment		Computers, Technology and Website Design	
Environment		Counselling	
Families		Driving	
Gay, Lesbian, Bi and Transsexual		Employee and Group Volunteering	
Health and Hospital and Hospices		Entertainment	
Heritage		Finance Work	
Homeless and Housing		Fundraising	
Human and Civil Rights		Gardening	
International Aid		General and Helping	
Legal Aid and Justice		Hostel Work	
Mental Health		Languages	
Mentoring		Legal Work	
Millennium Volunteers		Local events	
Museums		Marketing and PR and Media	
Music		Mentoring	
Politics		Music	
Prisoners and Ex-Offenders		National and International Events	
Race and Ethnicity and Refugees		Officials	
Religion		Practical Work and DIY	
Sport and Outdoor Activities		Retail and Charity Shops	
Women's Groups		Sports Development	
Youth		Youth Work	

Teaching ,training and coaching	
Trusteeship/ Committee work	
Under 16 vol.	

Please give brief details of any previous voluntary work experience.

Please tick each box when you could be available as a volunteer.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							
EVE							

Is there anything else you would like to tell us about yourself?

Do you think you would be needed help (e.g. someone to buddy you, disabled access) in doing your everyday voluntary activities? (If Yes specify what kind of help do you required)

Do you use volunteering as a route back to employment?

The information I have given is correct at the date of this application. I agree to my details being kept on Data Processing equipment and being forwarded to the organisation seeking volunteers, in order to take my application forward.

I hereby give permission to the Worthing Volunteer Centre, to pass this information to organisations looking for volunteers.

Print Name: _____

Date: _____

Signed: _____

Please return to:
Worthing Volunteer Centre
Worthing Council for Voluntary Service
Colonnade House
Warwick Street
Worthing
West Sussex
BN11 3DH
Tel: 01903 528622

E-mail: worthingvb@freenet.co.uk



EQUAL OPPORTUNITIES FORM

Please could you help us to monitor how well Worthing Volunteer Centre is being used by different sections of the community. The information that you give us is confidential and used for statistical purposes only. You may decline to answer any or all of these questions.

Date of birth.....

Gender: Male Female

Which age group are you in?

Under 15	<input type="checkbox"/>
15 – 18	<input type="checkbox"/>
19 – 25	<input type="checkbox"/>
26 – 29	<input type="checkbox"/>
30 - 34	<input type="checkbox"/>
35 - 39	<input type="checkbox"/>

40 – 44	<input type="checkbox"/>
45 – 49	<input type="checkbox"/>
50 - 54	<input type="checkbox"/>
55 - 59	<input type="checkbox"/>
60 - 64	<input type="checkbox"/>
65+	<input type="checkbox"/>

What is your current employment status?

Employed	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>
Non-employed	<input type="checkbox"/>
Houseperson	<input type="checkbox"/>
Unable to work	<input type="checkbox"/>

Retired	<input type="checkbox"/>
Student	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
	<input type="checkbox"/>

Do you have any disabilities? Yes No

If Yes are you: Registered Self classifying

Nationality.....

Which ethnic group do you feel you belong in?

White British	<input type="checkbox"/>
White British (Scottish)	<input type="checkbox"/>
White British (Welsh)	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
Other White background	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Other Mixed background	<input type="checkbox"/>

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>
African Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other background	<input type="checkbox"/>

Driving (Only complete these questions if you are considering becoming a volunteer driver.)

Insured for voluntary driving	<input type="checkbox"/>
Own transport available	<input type="checkbox"/>

If you can drive what licence type do you hold?

Car Automatic	<input type="checkbox"/>
Car Full	<input type="checkbox"/>
Car Provisional	<input type="checkbox"/>
HGV – Class 1	<input type="checkbox"/>

HGV – Class 2	<input type="checkbox"/>
HGV – Class 3	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>
PSV/Coach	<input type="checkbox"/>

Thank you for completing this form

Date