

**For office use only**

Date returned         /    /

Reference No.      G.O.B.



Please return the completed form to:

**Volunteer Centre Liverpool**  
**151 Dale Street**  
**Liverpool L1 4LN**

# ORGANISATION REGISTRATION FORM

If you have any difficulty in completing this form please contact the Centre:

telephone:            0151-237 3975  
fax:                    0151-237 3976  
e-mail:                enquiries@volunteercentreliverpool.org.uk  
online:                www.volunteercentreliverpool.org.uk

Volunteer Centre Liverpool is the operational name of Mersey  
Volunteer Bureau

Registered Charity Number 1046111.  
Company Limited by Guarantee Number 3041905.



section i: Organisation Details - Get On Board

Organisation Name:

Charity No:

Address:

Town:

County:

Postcode:

Geographical area (*i.e. where you are based*):

Contact Name:

Job Title:

Telephone:

Fax:

Website:

E-mail:

Organisation Mission Statement (*i.e. purpose of your organisation or objectives*):

Activities of the Organisation:

Is your organisation a registered charity?

Yes No

If **Yes**, What is the registered charity number?

If **No**, please describe your group/organisation's legal status (eg awaiting charity registration, unincorporated association, private business, statutory agency)

Do you already have volunteers?

Yes No

If **Yes**, what roles do they undertake?

What type of insurance cover do you have for your volunteers?

Do you have a health & safety policy?

Yes No

Is there any other information which may be useful?

Do you want your opportunity / opportunities to be promoted on the National Volunteer Database? ([www.Do-It.org.uk](http://www.Do-It.org.uk))?

Yes No

Would you like to be sent information about forthcoming M.V.B. activities e.g. fora, training events & workshops etc?

Yes No

How did you find out about V.C.L?

section ii: Register Volunteering Opportunity - Get On Board  
**(copy and complete this sheet for each volunteering opportunity)**

Opportunity title:

Address of the opportunity:

Town:

County:

Postcode:

Geographical area of opportunity:

Contact name:

Job title:

Telephone:

E-mail:

Will this person be responsible for the daily management of volunteers?	Yes	No
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If <b>No</b> , who will it be?	Job Title:
Telephone:	E-mail:

Availability - is the opportunity 'on-going'?	Yes	No
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If <b>No</b> , please give:	Start date:	End date:
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When would the volunteer be required?		Sat	Sun	Mon	Tue	Wed	Thu	Fri
	a.m.							
	p.m.							
	eves							

*(Please tick appropriate boxes)*

Description of the opportunity:

Skills / qualifications or experience needed:

What recruitment process will you use for this opportunity: *(Please tick appropriate boxes)*

Application form		Police Check / Criminal Records Bureau	
Informal discussion		References	
Interview		Trial Period	
Not known		Other	

<b>Please categorise your opportunity: (Please tick appropriate boxes)</b>		
<b>Area of Benefit / Interest:</b>	<b>Type of Activity:</b>	
Animals	<input type="checkbox"/>	Administration
Art and Culture	<input type="checkbox"/>	Advice Work
Children	<input type="checkbox"/>	Architecture and Building Work
Disability	<input type="checkbox"/>	Art
Disaster Relief	<input type="checkbox"/>	Befriending and Buddying
Domestic Violence	<input type="checkbox"/>	Business, Management and Research
Drugs and Addictions	<input type="checkbox"/>	Campaigning and Lobbying
Education and Literacy	<input type="checkbox"/>	Caring
Elderly	<input type="checkbox"/>	Catering
Employment	<input type="checkbox"/>	Community Work
Environment	<input type="checkbox"/>	Computers / Technology / Website Design
Families	<input type="checkbox"/>	Counselling / listening
Gay, Lesbian, Bi and Transexual	<input type="checkbox"/>	Driving
Health and Hospitals and Hospices	<input type="checkbox"/>	Entertainment
Heritage	<input type="checkbox"/>	Finance Work
Homelessness and Housing	<input type="checkbox"/>	First Aid
Human and Civil Rights	<input type="checkbox"/>	Fundraising
International Aid	<input type="checkbox"/>	Gardening
Legal Aid and Justice	<input type="checkbox"/>	General and Helping
Mental Health	<input type="checkbox"/>	Hostel Work
Mentoring	<input type="checkbox"/>	Languages
Museums	<input type="checkbox"/>	Legal Work
Music	<input type="checkbox"/>	Marketing, PR and Media
Politics	<input type="checkbox"/>	Music
Prisoners and Ex-Offenders	<input type="checkbox"/>	Practical Work and DIY
Race and Ethnicity and Refugees	<input type="checkbox"/>	Retail and Charity Shops
Religion	<input type="checkbox"/>	Sports Development
Sport and Outdoor Activities	<input type="checkbox"/>	Teaching, Training and Coaching
Women's Groups	<input type="checkbox"/>	Trusteeship and Committee Work
Youth	<input type="checkbox"/>	Under 16 Volunteering / Playwork
	<input type="checkbox"/>	Youth Work

<b>Arrangements:</b>	<b>Yes</b>	<b>No</b>	<b>Details:</b>
Age / gender restrictions (eg women only, over 18, lesbian/gay only, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Disabled access (eg wheelchair accessibility / induction loop etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the project have an equal opportunities policy?	<input type="checkbox"/>	<input type="checkbox"/>	
Expenses available (eg travel, childcare, meals)	<input type="checkbox"/>	<input type="checkbox"/>	
Are volunteers given an induction?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have insurance cover for this opportunity? Give details	<input type="checkbox"/>	<input type="checkbox"/>	
Is any training offered? Give details of any accreditation	<input type="checkbox"/>	<input type="checkbox"/>	