

For Office use only

Date returned ___ / ___ / ___

Reference No. _____



Please complete this form, and return it to:

Volunteer Centre Liverpool
c/o: 4th floor
151 Dale Street
LIVERPOOL
L2 2AH

ORGANISATION REGISTRATION FORM

If you have any difficulty 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 1 – Organisation Details

(This section tells us about the agency itself)

Organisation Name: (100 characters max)	Charity No:
Address: Postcode:	Area of operations (i.e. where you are based):

Main contact person:	Job Title:
Telephone:	Fax:
Website:	E-mail:

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

Activities of the organisation:

Is your organisation a registered charity?	Place an "x" as appropriate	Yes	No
If Yes , what is the registered charity number?			
If No , please describe your group / organisation's legal status (e.g. 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
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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)?	Yes	No
<ul style="list-style-type: none"> As more potential volunteers are making enquiries via the internet we suggest that you tick 'Yes' here. We upload the information for you. 		

How did you find out about VCL?

Section 2 – Register Volunteering Opportunity

(Use this section to describe each individual volunteer role – should you require more, make another copy of the page and send that back too)

Opportunity title: (100 characters max)	
Address of the opportunity:	(if different from the address of the main contact)
Postcode:	Geographical location of the opportunity:
Contact name:	Job Title:
Telephone:	E-mail:

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

Availability – is the opportunity “on-going”?		Yes	No					
If No , please give ...	Start date: / /	End date: / /						
When would the volunteer be required? (please mark all appropriate boxes)		Sat	Sun	Mon	Tue	Wed	Thu	Fri
	a.m.							
	p.m.							
	eves							

Description of the opportunity:

Skills / qualifications or experience needed:

What recruitment process will you use for this opportunity: (please mark all appropriate boxes)			
Application form	<input type="checkbox"/>	Police Check / Criminal Records Bureau	<input type="checkbox"/>
Informal discussion	<input type="checkbox"/>	References	<input type="checkbox"/>
Interview	<input type="checkbox"/>	Trial period	<input type="checkbox"/>
Not known	<input type="checkbox"/>	Other	<input type="checkbox"/>

Categorise your opportunity: (please mark all appropriate boxes)		
Area of benefit / interest:	Type of activity:	
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 Transsexual	<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
Legal Aid and Justice	<input type="checkbox"/>	Gardening
Mental Health	<input type="checkbox"/>	General and Helping
Mentoring	<input type="checkbox"/>	Hostel Work
Museums	<input type="checkbox"/>	Languages
Music	<input type="checkbox"/>	Legal Work
Politics	<input type="checkbox"/>	Marketing, PR and Media
Prisoners and Ex-Offenders	<input type="checkbox"/>	Music
Race and Ethnicity and Refugees	<input type="checkbox"/>	Practical Work and DIY
Religion	<input type="checkbox"/>	Retail and Charity Shops
Sport and Outdoor Activities	<input type="checkbox"/>	Sports Development
Women's Groups	<input type="checkbox"/>	Teaching, Training and Coaching
Youth	<input type="checkbox"/>	Trusteeship and Committee Work
	<input type="checkbox"/>	Under 16 Volunteering / Playwork
	<input type="checkbox"/>	Youth Work

Arrangements:	Yes	No	Details:
Age / gender restrictions (e.g. women only, over 18, lesbian / gay only, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Disabled access (e.g. 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 (e.g. 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"/>	