

For Office use only

Date returned ___ / ___ / ___

Reference No. _____



Please complete this form, and return it to:

Volunteer Centre Liverpool
c/o: Gostins Building
32 – 36 Hanover Street
LIVERPOOL
L1 4LN

ORGANISATION REGISTRATION FORM

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

Telephone: 0151-707 1113
Fax: 0151-709 5006
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	Police Check / Criminal Records Bureau
Informal discussion	References
Interview	Trial period
Not known	Other

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

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