

Volunteer Opportunity Registration Form

1. Fill in a separate form for each different opportunity.

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| Volunteer Opportunity: *e.g. driver, administrator etc* | |
| Name of Organisation: | |
| Contact name for the opportunity: | Position: |
| Tel No: | Email: |

1. Please give a description of the opportunity*.* This is your chance to “sell” the opportunity to people so try to make it sound interesting and worthwhile.

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1. Where does the opportunity happen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If this opportunity is available throughout Northern Ireland, can we share it with Volunteer Centres NI?

Yes No Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is an Access NI required for this post?  Yes  No
2. Please tick when the opportunity happens.

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| --- | --- | --- | --- |
| **Day of Week** | **Morning** | **Afternoon** | **Evening** |
| Monday | ❑ | ❑ | ❑ |
| Tuesday | ❑ | ❑ | ❑ |
| Wednesday | ❑ | ❑ | ❑ |
| Thursday | ❑ | ❑ | ❑ |
| Friday | ❑ | ❑ | ❑ |
| Saturday | ❑ | ❑ | ❑ |
| Sunday | ❑ | ❑ | ❑ |

Tick as many boxes as appropriate.

1. When does the volunteer opportunity start? (dd/mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there an end date? If yes please enter (dd/mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***or*** is it ongoing (tick if YES):

1. Number of volunteers needed for this opportunity: \_\_\_\_\_\_\_\_\_
2. Are there any restrictions on who can be a volunteer?

Minimum Age: \_\_\_\_\_\_\_\_\_\_ Any other restrictions? e.g. gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there a minimum commitment expected of the volunteer e.g. 6 weeks, 3 months etc.\_\_\_\_\_ (Enter a number) [ Days] [ Weeks] [ Months] [ Years

Other (*please describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11.** Is there disabled access available where the opportunity happens?  Yes  No

**12.** Please use this space if there is further information you feel we need to know about the opportunity. (e.g. travel expenses, application process, training, support

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I agree to comply with the current Data Protection Legislation which includes the effective management of any paper or computer-based information my organisation holds about volunteers.

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| Name: |
| Position in Organisation: |
| Signature: |
| Date: |

**Thank you for completing the form. Please keep a copy for your own records. The information you have provided will be used for the purpose of volunteer recruitment (via our promotional materials) and management and to produce statistical reports.**

**Omagh Volunteer Centre**

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