

Volunteer Registration Form

By completing this registration form you will assist us to find the best placement for you. If you have any difficulties with the form please ask for assistance. The details given on this form will be treated confidentially.

Title:	Surname:	Full Forename(s):
Address:		
Postcode:		
Telephone (home):		Telephone (work):
E mail:		
Do you have a disability which might affect your volunteering? If so, please give brief details to enable us to find the most appropriate role for you		

Are you (please tick):

- Employed? What is your occupation: _____
- Unemployed? Retired?
- A homemaker? School pupil?
- Student? What are you studying: _____

Most state benefits are completely unaffected by volunteering. However if you are in receipt of benefits, it is advisable to contact your local Social Security Agency for further information, or you could visit www.dwp.co.uk who have produced a leaflet on this topic.

Briefly give your educational history:

Please give your experience of voluntary work if any:

Please outline briefly your work experience:

Which skills, interests or hobbies do you bring to your volunteering?

Do you have a driving licence? Yes/No

Please tick the areas of volunteering which interest you: -

- | | |
|------------------------------------|------------------------------|
| Befriending | Outings/Trips |
| Charity shops | Meals distribution |
| Computers/Internet taster sessions | Benefits advice |
| Driving | Health & fitness |
| Fundraising | Intergenerational activities |
| Committee membership | |
| Care homes | |
| Arts/Crafts | |
| Administration | |
| Luncheon Clubs | |
| Social functions | |

Please let us know if there are any specific areas not mentioned which interest you, and we will do our best to accommodate your request:

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Are you happy to be contacted about one off volunteering opportunities? Y/N

Please indicate when are you available to volunteer?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Please specify day/s time/sfor initial meeting

REFERENCES (people you have known for more than 2 years and who are not family members)

Name	Name
Address	Address
Post Code:	Post Code:
Occupation:	Occupation:

Emergency Contact: Please provide details of someone we can contact in case of emergency:

Name:

Telephone:

Volunteer's Signature **Date**

Volunteer Registration Process

- 1) Complete the Volunteer Registration Form, e-mail fax or post to the Volunteer Co-ordinator at Age Concern:

Volunteer Co-ordinator
Age Concern Northern Ireland
3 Lower Crescent
Belfast BT7 1NR

Fax to: 028 9023 5497

Or email to: mmcclean@ageconcernni.org

- 2) Once the form has been received Age Concern will send out for your two references. When at least one of these has been received we will then invite you for an initial meeting.
- 3) Initial Meeting – This will be to identify what specific roles you wish to consider. Age Concern will do it's best to provide a number of alternatives.
- 4) Age Concern will vet volunteers for volunteer roles dealing with vulnerable adults. This normally takes up to 4 weeks.
- 5) Once placed the Volunteer Co-ordinator will stay in contact with you to assess how your new role is going. If you are not sure or don't think the role is for you then another role can be offered.

Out of Pocket Expenses

It is Age Concern's policy to provide out of pocket expenses to all volunteers. An expenses claim form will be included in the Volunteer Pack.

Monitoring

The following information will be treated as confidential and we would appreciate your co-operation in helping us monitor the effectiveness of our equal opportunities policy. Please complete the following form and enclose with your registration. All information will be treated in the strictest confidence.

Monitoring Form

Monitoring Information – this is kept separately and is an anonymous survey. Please do not identify yourself on this form.

It is our policy to provide equality in volunteering to all, irrespective of gender, marital or family status; religious belief or political opinion, disability, race or ethnic origin, nationality, sexual orientation or age

As part of its volunteer policy, Age Concern is committed to ensuring that staff and volunteers alike reflect the community we serve.

In order to achieve this, we have a policy of monitoring the composition of staff and volunteers. As part of this monitoring process we ask for your co-operation in completing the questions in this section. We wish to give you the following assurances:

- The information provided will not form any part of selection
- All information in this form will be regarded as confidential
- This monitoring information will only be used for statistical reporting

Please tick as appropriate:

Age < 25 25 – 34 35 – 44 45 – 54 55 – 64 65 - 75
 75+

Gender Male Female

Would you describe yourself as disabled? Yes No

Please indicate your ethnic group by ticking one of the following

White British Irish Other White	Mixed White and Black Caribbean White and Black African White and Asian Other Mixed	Asian or Asian British Indian Pakistani Bangladeshi Other Asian
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Black or Black British
Black Caribbean
Black African
Other Black

Chinese or other Ethnic Group
Chinese
Other Ethnic Group

Where did you hear about this vacancy?

(E.g newspaper article, website, advert, poster, friend or relative, internet search engine etc)

