



VOLUNTEERING OPPORTUNITY REGISTRATION

Name of Organisation: _____

1 Opportunity Details

The information you provide below will be used to match volunteers for this volunteering opportunity. It is important that the information you provide is as accurate as possible. This will help Volunteer Centres to attract suitable volunteers. Try to use language which emphasises the appeal of this volunteering opportunity, since this will help create interest. Volunteer Centres will make every effort to market your volunteering opportunity effectively.

Opportunity Title: *(Please provide a short and appealing title for this opportunity, e.g. home visitor, telephone help-line volunteer, gardener, receptionist, retail assistant)*

Description of Opportunity: *Please provide us with a short and interesting description of what the volunteer will be expected to do. Please remember, the more lively the better! Please enclose a Role Description, if you have one.*

Skills and Qualifications Required: *Please provide us with details of any skills and/or qualifications that the volunteer should possess*

2 Interests and Activities

Interests

Please tick any of the following that apply to the opportunity (maximum 3)

Arts, Heritage & Entertainment	<input type="checkbox"/>	Employment, Education & Training	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Black & Minority Ethnic Communities	<input type="checkbox"/>	Environment	<input type="checkbox"/>	Older People	<input type="checkbox"/>
Children	<input type="checkbox"/>	Families & Parenting	<input type="checkbox"/>	Religion	<input type="checkbox"/>
Civic responsibility and communities	<input type="checkbox"/>	Fitness & Sport	<input type="checkbox"/>	Substance misuse & Addiction	<input type="checkbox"/>
Crime, Victims & Offenders	<input type="checkbox"/>	Health & Social Care	<input type="checkbox"/>	Wildlife & Animals	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Homeless & Housing	<input type="checkbox"/>	Women's issues	<input type="checkbox"/>
Emergency response	<input type="checkbox"/>	Lesbian, Gay, Bisexual & Transsexual	<input type="checkbox"/>	Young People	<input type="checkbox"/>

Activities

Please tick any of the following that apply to the opportunity: (maximum 3)

Administration and Office	<input type="checkbox"/>	Fundraising and Finance	<input type="checkbox"/>	Retail	<input type="checkbox"/>
Advice and information	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Sports volunteering	<input type="checkbox"/>
Business Skills	<input type="checkbox"/>	General helping	<input type="checkbox"/>	Supporting charities	<input type="checkbox"/>
Computers, IT and the web	<input type="checkbox"/>	Legal work	<input type="checkbox"/>	Supporting people & befriending	<input type="checkbox"/>
Cooking and Catering	<input type="checkbox"/>	Local events	<input type="checkbox"/>	Teaching and Training	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	Marketing and media	<input type="checkbox"/>	Trusteeship and Committee work	<input type="checkbox"/>
Driving	<input type="checkbox"/>	One off volunteering	<input type="checkbox"/>		
First Aid	<input type="checkbox"/>	Practical Skills	<input type="checkbox"/>		

3 Location

Where will the volunteering take place?

Specific Address Please give details
If you opportunity is based in more than one specific location please contact your local Volunteer Centre to give details

Region or area (please specify below) Postcode

Basildon, Billericay & Wickford	<input type="checkbox"/>	Colchester	<input type="checkbox"/>	Southend	<input type="checkbox"/>
Braintree	<input type="checkbox"/>	Epping forest	<input type="checkbox"/>	Tendring	<input type="checkbox"/>
Brentwood	<input type="checkbox"/>	Harlow	<input type="checkbox"/>	Thurrock	<input type="checkbox"/>
Castle Point	<input type="checkbox"/>	Maldon District	<input type="checkbox"/>	Uttlesford	<input type="checkbox"/>
Chelmsford	<input type="checkbox"/>	Rayleigh & Rochford	<input type="checkbox"/>	Countywide	<input type="checkbox"/>

4 Who should we contact about this opportunity?

Contact Name: *(person with whom the volunteer would make contact)*

Telephone

Email

I am happy for the above contact details to be passed on to prospective volunteers

Yes No

5 When will volunteers be needed?

Start Date: _____ End Date: _____

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>						

Weekly	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
One-off	<input type="checkbox"/>

Please tell us what time commitment you expect from volunteers, and if there are specific times when volunteers are required (e.g. lunch-club volunteers may be needed between 11am and 2pm)

6 Application process

Application form

Informal discussion

Interview

References

Disclosure and Barring Check (DBS)

(It is your responsibility to determine whether a DBS check is necessary and, if so, to ensure it is carried out. It is beneficial for Volunteer Centres to be able to inform prospective volunteers that start times may be delayed until the results of the DBS are known.)

Additional information

	Yes	No	Any details
Suitable for under 18s	<input type="checkbox"/>	<input type="checkbox"/>	
DBS check needed	<input type="checkbox"/>	<input type="checkbox"/>	
Training provided	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteer policy	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers covered by insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Expenses reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	
Equal opportunities policy	<input type="checkbox"/>	<input type="checkbox"/>	
Written role description	<input type="checkbox"/>	<input type="checkbox"/>	
Health and Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Disability Access	<input type="checkbox"/>	<input type="checkbox"/>	
Data Protection Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteer induction	<input type="checkbox"/>	<input type="checkbox"/>	
Ongoing support	<input type="checkbox"/>	<input type="checkbox"/>	

I confirm that the above details are correct, and that I wish for the Volunteer Centres to promote this opportunity on behalf of my organisation. I understand that, whilst the Volunteer Centres accept responsibility to act reasonably and carefully when referring volunteers to an organisation, they act as referral organisations only. It is the role of this organisation to be responsible for the selection, screening and vetting of volunteers (taking up references, DBS checks etc). I will inform Volunteer Centres as soon as possible if this opportunity ceases to be available, or if any details change.

Name: _____

Organisation: _____

Date: _____

Please return this form to Epping Volunteer Centre mgilchrist@vaef.org.uk to talk to Maggie Gilchrist call me on 01992 564 256