

Volunteer Details

For office use only

Date returned _____ / ____ / ____

Reference No. _____

Please return the completed form to:

**Volunteer Centre Liverpool,
151 Dale Street, Liverpool L2 2AH**

If you have any difficulty in completing this form please contact VCL:

Telephone: 0151-237 3975
 Fax: 0151-237 3976
 E-mail: registration@volunteercentreliverpool.org.uk
 Online: www.volunteercentreliverpool.org.uk

Registered Charity Number 1046111.
 Company Limited by Guarantee Number 3041905.

Volunteer Centre Liverpool is the operational name of Mersey Volunteer Bureau



Volunteer Registration Form

Preferred title:	
First name:	
Surname:	
Address:	
Postcode:	

How can you be contacted?	
▪ Tel: (Daytime):	
▪ Tel: (Evening):	
▪ Tel: (Mobile):	
▪ E-Mail:	

Birthdate		
▪ Date:	▪ Month:	▪ Year:

In which of the following districts would you prefer to be based? (Place an "x" in each relevant box)			
▪ Liverpool in general ▪ Liverpool North only ▪ Liverpool North & City Centre ▪ Other (please specify):	▪ Liverpool South only ▪ Liverpool South & City Centre ▪ City Centre only		

When are you available for your volunteering?							
	Sat	Sun	Mon	Tue	Wed	Thu	Fri
AM							
PM							
EVES							
(Place an "x" in each relevant box)							

How did you find out about Volunteer Centre Liverpool?
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What type of organization do you want to volunteer with? (Please choose a maximum of three)	
<input type="checkbox"/> Animals	
<input type="checkbox"/> Art and Culture	
<input type="checkbox"/> Children	
<input type="checkbox"/> Disability	
<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Drugs and Addictions	
<input type="checkbox"/> Education and Literacy	
<input type="checkbox"/> Elderly	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Environment	
<input type="checkbox"/> Families	
<input type="checkbox"/> Gay, Lesbian, Bisexual, Transsexual	
<input type="checkbox"/> Health and Hospitals and Hospices	
<input type="checkbox"/> Heritage	
<input type="checkbox"/> Homelessness and Housing	
<input type="checkbox"/> Human and Civil Rights	
<input type="checkbox"/> International Aid	
<input type="checkbox"/> Legal Aid and Justice	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Mentoring	
<input type="checkbox"/> Museums	
<input type="checkbox"/> Music	
<input type="checkbox"/> Politics	
<input type="checkbox"/> Prisoners and Ex-Offenders	
<input type="checkbox"/> Race and Ethnicity and Refugees	
<input type="checkbox"/> Religion	
<input type="checkbox"/> Sport and Outdoor Activities	
<input type="checkbox"/> Women's Groups	
<input type="checkbox"/> Youth	

In order to ensure that volunteers are placed in supportive environments, please give details of any physical illness / impairment, learning disability, or mental health problem which you feel may affect the type of volunteering you want to do.

Is there any other information you would like to give us to help us find the best volunteering opportunities for you?

What type of volunteering activity would you like to do? (Please tick as appropriate)	
<input type="checkbox"/> Administration	
<input type="checkbox"/> Advice Work	
<input type="checkbox"/> Architecture and Building Work	
<input type="checkbox"/> Art	
<input type="checkbox"/> Befriending and Buddying	
<input type="checkbox"/> Business, Management and Research	
<input type="checkbox"/> Campaigning and Lobbying	
<input type="checkbox"/> Caring	
<input type="checkbox"/> Catering	
<input type="checkbox"/> Community Work	
<input type="checkbox"/> Computers, Technology and Website Design	
<input type="checkbox"/> Counselling / listening	
<input type="checkbox"/> Driving	
<input type="checkbox"/> Entertainment	
<input type="checkbox"/> Finance Work	
<input type="checkbox"/> First Aid	
<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Gardening	
<input type="checkbox"/> General and Helping	
<input type="checkbox"/> Hostel Work	
<input type="checkbox"/> Languages	
<input type="checkbox"/> Legal Work	
<input type="checkbox"/> Marketing, PR and Media	
<input type="checkbox"/> Music	
<input type="checkbox"/> Practical Work and DIY	
<input type="checkbox"/> Retail and Charity Shops	
<input type="checkbox"/> Sports Development	
<input type="checkbox"/> Teaching, Training and Coaching	
<input type="checkbox"/> Trusteeship and Committee Work	
<input type="checkbox"/> Under 16 Volunteering / Playwork	
<input type="checkbox"/> Youth Work	

I've completed my form, what happens next?
We can offer you two options:

- A list of volunteering opportunities, carefully selected from our database, which match your interests, when you are available and any other preferences you have told us about. This can be posted or e-mailed to you.
- We can arrange a confidential appointment at the centre to discuss volunteering opportunities.

Please choose from the selection below	
<input type="checkbox"/> I would prefer a contact list	
<input type="checkbox"/> I would prefer to have an appointment	
<input type="checkbox"/> Whatever you think best ...	

<input type="checkbox"/> Would you like to be sent updates based on the information you have provided?	
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Equal Opportunities Monitoring

Volunteer Centre Liverpool is committed to equal opportunities and welcomes applications regardless of age, sex, marital status, sexual orientation, disability, caring responsibility, race, colour, nationality, ethnic / cultural origin, religion, class, employment status, political belief or unrelated criminal conviction.

To monitor community involvement effectively we would ask you to complete this section. The information you provide will be used for statistical purposes only and will have no bearing on your application for any voluntary placement. Please note that for reasons of confidentiality this sheet is separated from the rest of your Registration Form upon its return.

I am:	<input type="checkbox"/> Male	
	<input type="checkbox"/> Female	

I am:	<input type="checkbox"/> Under 15 years	
	<input type="checkbox"/> 15 – 18	
	<input type="checkbox"/> 19 – 25	
	<input type="checkbox"/> 26 – 29	
	<input type="checkbox"/> 30 – 34	
	<input type="checkbox"/> 35 – 39	
	<input type="checkbox"/> 40 – 44	
	<input type="checkbox"/> 45 – 49	
	<input type="checkbox"/> 50 – 54	
	<input type="checkbox"/> 55 – 59	
	<input type="checkbox"/> 60 – 64	
	<input type="checkbox"/> Over 65 years	

Disability:	<input type="checkbox"/> Not disabled	
	<input type="checkbox"/> I describe myself as disabled	
	<input type="checkbox"/> Prefer not to say	

I am:	<input type="checkbox"/> Unemployed	
	<input type="checkbox"/> Unable to work	
	<input type="checkbox"/> Studying	
	<input type="checkbox"/> Self-employed	
	<input type="checkbox"/> Retired	
	<input type="checkbox"/> Non-employed	
	<input type="checkbox"/> Houseperson	
	<input type="checkbox"/> Carer	
	<input type="checkbox"/> Employed (full time)	
	<input type="checkbox"/> Employed (part time)	

I am:	<input type="checkbox"/> Heterosexual ("straight")	
	<input type="checkbox"/> Lesbian	
	<input type="checkbox"/> Gay	
	<input type="checkbox"/> Bisexual	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> Prefer not to say	

What is your ethnic group?		
White:		
	<input type="checkbox"/> British	
	<input type="checkbox"/> Irish	
	<input type="checkbox"/> Other White background, please write in below	

Mixed:		
	<input type="checkbox"/> White and Black Caribbean	
	<input type="checkbox"/> White and Black African	
	<input type="checkbox"/> White and Asian	
	<input type="checkbox"/> Any other mixed background, please write in below	

Asian or Asian British		
	<input type="checkbox"/> Asian British	
	<input type="checkbox"/> Bangladeshi	
	<input type="checkbox"/> Indian	
	<input type="checkbox"/> Pakistani	
	<input type="checkbox"/> Any other Asian background, please write in below	

Black or Black British		
	<input type="checkbox"/> African	
	<input type="checkbox"/> Black British	
	<input type="checkbox"/> Caribbean	
	<input type="checkbox"/> Any other Black background, please write in below	

Chinese or other ethnic group		
	<input type="checkbox"/> Chinese	
	<input type="checkbox"/> Any other, please write in below	

Religion / Belief		
	<input type="checkbox"/> Buddhist	
	<input type="checkbox"/> Christian	
	<input type="checkbox"/> Hindu	
	<input type="checkbox"/> Jewish	
	<input type="checkbox"/> Muslim	
	<input type="checkbox"/> Sikh	
	<input type="checkbox"/> Prefer not to say	
	<input type="checkbox"/> Any other, please write in below	