



Name of Organisation:

Name of Contact:

Address Line 1:

Address Line 2:

Town:

Post Code:

Telephone Number:

Fax Number:

Mobile Telephone Number:

E Mail Address:

Website:

What geographical areas do you cover? (Please circle)

Coleraine

Ballymoney

Ballycastle

Moyle

Province Wide

Have you placed volunteers referred by Causeway Volunteer Centre? YES / NO

If so, how many?

How did you hear about Causeway Volunteer Centre? (Please circle)

Our Website

Internet

Newspaper

Word of Mouth

Can you provide the following:

Training for Volunteers YES / NO

Volunteer Expenses YES / NO

If so, what mileage rate is paid

Facilities for disabled volunteers YES / NO

Access NI Clearance YES / NO

Interview Volunteers YES / NO

Induction for Volunteers YES / NO

Insurance YES / NO

Please provide details below on your opportunity:

Position:1

Days / Hours Required:

Seasonal / Term Time / Short Term / Long Term:

Role Description (please attach as much relevant information as possible)

Position:2

Days / Hours Required:

Seasonal / Term Time / Short Term / Long Term:

Role Description (please attach as much relevant information as possible)

*Thank you for taking the time to complete - by doing so you are helping us to help you!*