

Causeway Volunteer Centre  
14 Killowen Court  
COLERAINE  
BT51 3TP



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## Volunteer Registration Form

Name: \_\_\_\_\_ (Ms/Miss/Mrs/Mr)

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

County: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ May we phone you?

Date of Birth: \_\_\_\_\_ Male  Female

### Which one of the following best describes your situation?

- |  |   |                          |
|--|---|--------------------------|
| <input type="checkbox"/> Paid employment full-time | <input type="checkbox"/> Further Education/Training | <input type="checkbox"/> |
| <input type="checkbox"/> Incapacity benefit/DLA    | <input type="checkbox"/> Unwaged                    | <input type="checkbox"/> |
| <input type="checkbox"/> Retired/Early retired     | <input type="checkbox"/> Carer                      | <input type="checkbox"/> |
| <input type="checkbox"/> Paid employment part-time | <input type="checkbox"/> Asylum seeker              | <input type="checkbox"/> |
| <input type="checkbox"/> Self-employed             | <input type="checkbox"/> On a working holiday       | <input type="checkbox"/> |
| <input type="checkbox"/> Income Support            | <input type="checkbox"/> Full time parent           | <input type="checkbox"/> |
| <input type="checkbox"/> Job Seekers Allowance     | <input type="checkbox"/> School                     | <input type="checkbox"/> |
| <input type="checkbox"/> Other                     |   |                          |

Are you new to volunteering? Yes  No

Would you be interested in one off volunteer opportunities? Yes  No

Do you want to receive newsletters from us? Yes  No

Do you want to receive e-mails from us? Yes  No

### How did you hear about the Volunteer Centre?

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**Which one of the following would you most hope to achieve by volunteering?**

- |                                  |                          |   |                          |
|----------------------------------|--------------------------|---|--------------------------|
| Meet new people                  | <input type="checkbox"/> | Increase my confidence                  | <input type="checkbox"/> |
| Use my spare time well           | <input type="checkbox"/> | I see a need and want to improve things | <input type="checkbox"/> |
| Help me learn new skills         | <input type="checkbox"/> | Improve my health                       | <input type="checkbox"/> |
| Help me into paid work/education | <input type="checkbox"/> | Other                                   | <input type="checkbox"/> |

**What would you like to do? Please put 1 against your preferred, then tick any others that are of interest to you.**

Administration/Office work	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Advice/Information giving	<input type="checkbox"/>	Management/Business Skills	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Playschemes / Children's Clubs	<input type="checkbox"/>
Arts (Music/drama/crafts)	<input type="checkbox"/>	Practical/DIY	<input type="checkbox"/>
Befriending/Mentoring	<input type="checkbox"/>	Research/Policy work	<input type="checkbox"/>
Care/Support Worker	<input type="checkbox"/>	Residential Volunteering	<input type="checkbox"/>
Catering	<input type="checkbox"/>	Short term/Seasonal volunteering	<input type="checkbox"/>
Charity Shops/Retail	<input type="checkbox"/>	Sports, outdoor activities	<input type="checkbox"/>
Community/Economic	<input type="checkbox"/>	Volunteering Overseas	<input type="checkbox"/>
Committee Work	<input type="checkbox"/>	Youth work	<input type="checkbox"/>
Conservation/Gardening	<input type="checkbox"/>		<input type="checkbox"/>
Counselling	<input type="checkbox"/>		<input type="checkbox"/>
Driving/Escorting	<input type="checkbox"/>		<input type="checkbox"/>

**Do you consider yourself to have a disability/health issues that might affect your volunteering?**

Yes  No

If you wish, please give details \_\_\_\_\_

Is there any kind of support you feel you might need from us? Please describe.

\_\_\_\_\_

\_\_\_\_\_

**When are you likely to be available?**

Day of Week	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you available; during school holidays?  In term time  Both

How often e.g. weekly fortnightly etc? \_\_\_\_\_

How many hours might you be able to give e.g. per week or fortnight? \_\_\_\_\_

***I confirm the information provided is, to the best of my knowledge, correct.***

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

*Thank you for completing the form.*