



VOLUNTEER OPPORTUNITY REGISTRATION FORM

TITLE OF OPPORTUNITY	
NAME OF ORGANISATION	
SUMMARY OF OPPORTUNITY (No more than 35 words) This is your chance to 'sell' the opportunity to people so try to make it sound interesting and worthwhile)	
FULL DESCRIPTION (fuller description of the opportunity – no more than 150 words)	
TRAVEL DETAILS Where does the opportunity happen and what are the travel details?	

Minimum age you accept volunteers	
Maximum age you accept volunteers	
If restrictions please state why	

Number of volunteers required	
Skills, experience or qualifications required	

When does the volunteer opportunity start?	
Is there an end date or is it ongoing?	
Is there a minimum commitment expected of the volunteer?	
When does the opportunity happen – e.g days of the week and times?	
What type of insurance covers this opportunity?	
Is there a taster session available?	
Will the volunteer be offered induction training?	
Will the volunteer be offered ongoing training?	

Will the volunteer be offered support?	
Will there be a named contact for the volunteer?	

Is childcare available for this opportunity?	
Is there wheelchair access where this opportunity takes place?	
Are there wheelchair accessible toilets at this project?	

Are there travel expenses available for the volunteer?	
Please give details.	

What selection methods will be used for prospective volunteers?	Application form		Other – please note	
	Induction/Training		Police checks	
	Informal Chat		References	
	Interview		Trial Period	
Who funds this opportunity?	Business Sector		European Money	
	Central Govt – Scottish Exec		Health Board Trusts	
	Central Govt – Westminster		Local Authority	
	Communities Scotland		Local Enterprise Comp	
	Donations		Lottery Boards	
	Earned Income		Other	

I have read the information above and I confirm the details given are correct. I have read and understood the Organisation Registration Form, which provides details of how this data is used.

I am authorised to sign this on behalf of my organisation.

Name _____

Position in Organisation _____

Signature _____ Date _____

Thank you for completing this form
Please keep a copy of this form for your own records and return it to:

Kathleen Williamson
Volunteer Placement and Support Worker,
Voluntary Action Shetland, Market House, 14 Market Street, Lerwick, Shetland. ZE1 0JP
Phone: 01595 743910
Email: kathleen.williamson@shetland.org
Website: www.va-shetland.org.uk

Voluntary Action Shetland is a charitable company limited by guarantee registered in Scotland No. 165677 Registered Office: Market House, 14 Market Street, Lerwick, Shetland, ZE1 0JP Recognised by the Inland Revenue as a Scottish Charity – No. SCO 17286

DATE REGISTERED

VBAY NUMBER