



VOLUNTEER REGISTRATION FORM

In order to ensure that we can find a volunteer opportunity for you that will as far as possible suit your needs, interests and personal circumstances we would be grateful if you could answer the following questions. If you do not wish to answer a question please leave it blank.

Name _____	
Known As _____	
Address _____	

Post Code _____	
Home Tel _____	Work Tel _____
Mobile _____	Email _____
May we phone you at work? yes <input type="checkbox"/> no <input type="checkbox"/>	May we phone you at home? yes <input type="checkbox"/> no <input type="checkbox"/>
Date of Birth _____	male <input type="checkbox"/> female <input type="checkbox"/> other <input type="checkbox"/>

Which of these best describes your ethnic group?

White Scottish	<input type="checkbox"/>	White other British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	White other	<input type="checkbox"/>
Mixed background	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
Asian Bangladeshi	<input type="checkbox"/>	Asian Chinese	<input type="checkbox"/>
Asian Scottish /other	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black Scottish/other	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Other	<input type="checkbox"/>

Which of these best describes your situation?

paid employment full time	<input type="checkbox"/>	further education/university	<input type="checkbox"/>
paid employment part time	<input type="checkbox"/>	unwaged	<input type="checkbox"/>
incapacity benefit/DLA	<input type="checkbox"/>	carer	<input type="checkbox"/>
retired/early retired	<input type="checkbox"/>	asylum seeker	<input type="checkbox"/>
self employed	<input type="checkbox"/>	on a working holiday	<input type="checkbox"/>
income support	<input type="checkbox"/>	full time parent	<input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>	at school	<input type="checkbox"/>
Job seekers allowance for more than 6 months	<input type="checkbox"/>		
Other _____			

Are you new to volunteering?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Would you be interested in one-off volunteering? (for example a single day or for a special event)	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Do you have access to a car?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Do you have access to public transport?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>

Which ONE of these is your main reason for volunteering?

- | | | | |
|---|--------------------------|---|--------------------------|
| To meet new people | <input type="checkbox"/> | To increase my confidence | <input type="checkbox"/> |
| To use my spare time well | <input type="checkbox"/> | I see a need and want to improve things | <input type="checkbox"/> |
| To help me learn new skills | <input type="checkbox"/> | To improve my health | <input type="checkbox"/> |
| To help me into paid work/
Education | <input type="checkbox"/> | Other _____ | |

How did you hear about Voluntary Action Shetland?

- | | | | | | | | |
|------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|--------|--------------------------|
| Jobcentre plus | <input type="checkbox"/> | Careers Scotland Event | <input type="checkbox"/> | Housing Support Worker | <input type="checkbox"/> | Friend | <input type="checkbox"/> |
| Voluntary Voice | <input type="checkbox"/> | Shetland Times feature | <input type="checkbox"/> | Befriending | <input type="checkbox"/> | CAB | <input type="checkbox"/> |
| Moving On | <input type="checkbox"/> | Word of Mouth | <input type="checkbox"/> | Agricultural Show | <input type="checkbox"/> | | |
| Shetland College | <input type="checkbox"/> | Support Training | <input type="checkbox"/> | Other _____ | | | |

Do you have a disability or a health issue that might affect your volunteering?

Please give details (optional) _____

If you have a disability or health issue – do you need support? Please describe

When are you likely to be available?

	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	School Holidays <input type="checkbox"/>	Term time <input type="checkbox"/>	Both <input type="checkbox"/>

How often e.g. weekly, fortnightly or flexible? _____

May we pass your details to volunteer involving organisations as part of our service in trying to find an opportunity for you? Yes No

“I confirm that the information which I have provided is, to the best of my knowledge, correct.”

Signed _____ **Dated** _____

The information you have provided will help us to find a volunteering opportunity to suit you and allow us to monitor the quality of our service. Your personal details will not be given to anyone without your express permission unless it is necessary to do so to comply with the law or with police investigations. Information about your postcode, gender, ethnicity, status, age, disability may be disclosed to, for example our funders or in our annual report but will be in statistical form only and not in any way that identifies you. The information will be held on our database and used in accordance with the Data Protection Act 1998.

**Return this form by email to: kathleen.williamson@shetland.org OR
post to: Kathleen Williamson, Volunteering, Voluntary Action Shetland,
Market House 14 Market Street, Lerwick, Shetland ZE1 0JP**

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